Florida Department of State

Division of Corporations Public Access System

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To

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 120060000012

Phone : (305)826-5886

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Corporate Filing Menu

HEXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SEFARAD PUBLISH						8
(Name of the Limited Liability (A Florida l	Company	as it now:	appears o	our records.)		P 05
(A Florida)	Limited List	onity Com	pany)			OS AUG
The Articles of Organization for this Limited Liability C	Company we	ere filed o	n <u>04/29/2</u>	1008	and as	ssigned &
Florida document number L08000042833						里
	<u> </u>				٠.	مر <u>ت</u> ۲۵۰
This amendment is submitted to amend the following:						AH 8: 40
The second of th	•			•		0
A. If amending name, enter the new name of the limi	ited liabilit	y compai	ny here:			
The new name must be distinguishable and end with the wor	rds "Limited	Liability (Company,'	' the designation	"LLC" or the	abbreviation
"L.L.C."						
Enter new principal offices address, if applicable:		•	•			
(Principal office address MUST BE A STREET ADDR	- 9ECC)					
Truncipal Office address MOST DE A STREET ADDR	<u>(E33)</u>					
`	_					
Enter new mailing address, if applicable:					<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)						•
•	_					
	_				····	
B. If amending the registered agent and/or regist	tered office	address	on our	records, ente	r the name	of the new
registered agent and/or the new registered office addi	ress here:		•			
•						
Name of New Registered Agent:				. ,		
New Registered Office Address:						
•			(Enter	Florida street	address)	
•				Florida		
	(1)	City)	<u> </u>		(Zip Cod	de)
New Registered Agent's Signature, if changing Registered	d Agent:		•			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name Address		Type of Action		
T INES DE VILLA 2981 SW 156 AVE			≡ Add		
	·	DAVIE. FL 33331	Remove		
MGRM	ACOSTA INES	2981 SW 156 AVE	a[7] Add		
			Remove		
MGRM	HAYYIM ADIS	2981 SW 156 AVE	■171 Add		
			Remove		
VP	CARLOS VILLA	2981 SW 156 AVE	∎∏ A.did		
			Remove		
MGRM	VILLA CARLOS	0004 DW 450 AV	π7] Add		
• • • • • • • • • • • • • • • • • • • •		Remove			
			r ⊤ Add		
			Remove		
D. If ame	ending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	08	Staid	
<u>F</u>	PLEASE CHANGE THE TITLE OF H	NAYYIM DANIEL A DR. THE CORRECT TITLE IS MGRM,	-	NO SECONO	
<u>1</u>	DELETED TITLE: P		- 7	다 다 다 다	
_			- A		
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TS. 4 / DP/5	1277008	•	_	SS	
Dated <u>08/1</u>	ay de	selleny .			
	Signature of a	member or authorized appresentative of a member			
	D,	ANIEL HAYYIM / MGRM Typed or printed name of signee			
	-	-			

Page 2 of 2

Filing Fee: \$25.00