FROM: 5614090882

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Division of Corporations 355 3

Page 1 of 1

## Florida Department of State Division of Corporations Discreption of Corporation of Corporations Discreption of Corporation of Corpor

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From:

Account Name : STEINBERG GARELLEK P.L.

Account Number : I20110000015 Phone : (561)391-3344 Fax Number : (561)948-4713

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Harris@hobuyers.com

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Compa (A Florida Limited)	ny ny it now appears on our records Liability Company)	<u>.)</u>	Mary Allinoid	
The Articles of Organization for this Limited L	Liability Company	were filed on 11/05/2008	ana	d assigne	ed
This amendment is submitted to amend the following the fol	lowing:				
A. If amending name, enter the new name o	of the limited linb	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"		in "t.JC."	,,
Enter new principal offices address, if appli-	cable:	3582 Ensign Circle	AC:	5612 -	carr,
Principal office address MUST BE A STRE		Delray Beach, Fl. 33483	출점	<u> </u>	
			お霊		ç
			En -<	<del>-10-</del>	E .
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)		3582 Ensign Circle	<u></u>	-41-	Ĭ.
		Delray Beach, Fl. 33483	022. 022.	က်	
			0. 2.	ဟ်	
	/or registered of	Delray Beach, Ft. 33483	Y DEFELORIDA		-
Name of New Registered Agent:	Michael Harris				
New Registered Office Address:	200 East Palmetto Park Road, Suite 103				
And the state of t		Enter Florida street address			
	Boca Raton	, Flo	rida		
		City	Zip (	ode	

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 605, 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.

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TO: +18506176383

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yifat Silvestri	3582 Ensign Circle	
		Delray Beach, Ft., 33483	☐ Remove
			☐ Change
MGR	Luigi Silvestri	3582 Ensign Circle	
		Delray Beach, Fl., 33483	<b>≅</b> Remove
			☐ Change
		·	D Add
			□ Remove
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			TO AND AND CONTROL OF THE PROPERTY OF THE PROP
			☐ Change
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If amending any other informat	tion, enter change(s) here: (At	tach additional sheets, if necessary.)	
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the record specifies a delayed The 90th day after the reco	effective date, but not an e ord is filed.	effective time, at 12:01 a.m. on the	earlier
Dated November 10	2015	*****	
1111	1 Streeti	SEL. ALLI	2015 N
9 th t line			AOR
Jifat Kover	Signature of a member or muthorized n	epresentative of a member	V 12

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