# L08000 114072

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·

Office Use Only



900239769309

09/24/12--01055--007 \*\*30.00

12 SEP 24 AM 10: 51

SEGRETARY OF STATE

SEP 2 5 2012

T. HAMPTON

## LAW OFFICES GERSTEIN & BARET, PL

3007 West Commercial Blvd, Suite 105 • Fort Lauderdale, FL 33309 • Broward - (954) 486-9966 • Miami-Dade - (305) 592-1998 • FAX (954) 585-9196

#### WWW.USAIMMIGRATIONLAW.COM

WILLIAM GERSTEIN, ESQ.\*



ELAN BARET, ESQ.

DORI GERSTEIN, ESQ.

\* ALSO ADMITTED TO THE GEORGIA BAR ♦ ALSO ADMITTED TO THE NEW YORK BAR AND THE ISRAELI BAR

September 19, 2012

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Amendment to ZR-26 Holdings, LLC

Florida Document Number L08000114072

Dear Sir or Madam:

Attached please find an amendment to the corporation of reference. The sole changes to the corporation consists of

- 1. removing Mr. Ben Valdman as Managing Member; and
- · 2. substituting him with Mr. Reuven Valdman as Managing Member.

I have enclosed the requisite \$25.00 fee along with an additional \$5.00 for a Certificate of Status.

Should you have any questions regarding this matter, please contact the undersigning 'Resident Agent.

Sincerely,

Elan Baret, Esq.

### ARTICLES OF AMENDMENT

FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

#### ARTICLES OF ORGANIZATION 12 SEP 24 AM 10: 52 **OF**

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new	( <u>Name of the Limited</u>	Z.R.26 HOLDII d Liability Compa A Florida Limited I	NG, LLC Iny as it now appears o Liability Company)	n our records.)	
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: N/A  New Registered Office Address:  N/A  (Enter Florida street address)  , Florida	The Articles of Organization for this Limited L Florida document number L08000114072	iability Company	were filed on 12/15/2	2008	_ and assigned
N/A  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A  (Enter Florida street address)  Florida	This amendment is submitted to amend the following	lowing:			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A  (Enter Florida street address)  , Florida	A. If amending name, enter the new name o	of the limited liab	oility company here:		
**Enter new principal offices address, if applicable: N/A  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: N/A  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: N/A  New Registered Office Address: N/A  (Enter Florida street address)  , Florida					
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: N/A  New Registered Office Address:  N/A  (Enter Florida street address)  , Florida	· ·	ith the words "Lim	ited Liability Company,	"the designation "LL(	c" or the abbreviation
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   N/A	Enter new principal offices address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A  (Enter Florida street address)  , Florida	(Principal office address MUST BE A STREI	ET ADDRESS)			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  N/A  (Enter Florida street address)  , Florida	Enter new mailing address, if applicable:		N/A		
Name of New Registered Agent:  New Registered Office Address:  N/A  New Registered Office Address:  (Enter Florida street address)  Florida	(Mailing address MAY BE A POST OFFICE				
	registered agent and/or the new registered of New Registered Agent:	M/A	<u>re</u> :		
(City) (Zip Code)			***	, Florida	
			(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u> Name

<u>Trite</u>	Name	<u>Address</u>			
MGRM	Ben Valdman	3007 W. COMMERCIAL BLVD. SUITE 105 FORT LAUDEDALE, FLORIDA 33309	Add Remove	•	
MGRM	Reuven Valdman	3007 W. Commercial Blvd. Ste. 105 FORT LAUDERDALE, FLORIDA 33309	Add Remove	÷	
			Add Remove	<del>;</del>	
			Add Remove	;	
			Add Remove		
			Add Remove		
	ending any other information, enter	change(s) here: (Attach additional sheets, if necessary.			
			12 SEP 24	FILI SEGRETARY DIVISION OF CO	
Dated <u>43</u>	9/19/2012		_15	FD Y OF STATE ORPORATIONS	
	Signature of a r	nember or authorized representative of a member BENJAMIN VALDMAN	<del></del>		
		Typed or printed name of signee	<del></del>		

Page 2 of 2

Filing Fee: \$25.00