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(F	Requestor's Name)	
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EXAMINER

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COVER LETTER

TO:	Registration S Division of Co	ection orporations			
SUBJE	ECT:	PINO	OK USA, LLC		
5020			ited Liability Company		_
		f Amendment and fee(s) are sul	-		
Please	return all corresp	ondence concerning this matter	r to the following:		
			DVIR LEV-RAN		
			Name of Person		
			PINOOK USA, LLC		
			Firm/Company		-
		5247	INTERNATIONAL DR	#B	
		<u>-</u>	Address		_
			ORLANDO FL 32819		
			City/State and Zip Code		-
INGRID@APLUSACCOUNTING.COM E-mail address: (to be used for future annual report notification)					-
For fur	ther information	concerning this matter, please of	call:		
		/IR LEV-RAN	at (_407_)	431-6774 Daytime Telephone Numb	
	Name o	of Person	Area Code & f	Daytime Telephone Numb	per
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certifi closed) Certifi	filing Fee, cate of Status & ed Copy conal copy is enclosed)
	MAIL	ING ADDRESS:	STREET/CO	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINOOK USA, LLC									
(Name of the Limited L	iability Company as it now appears on or lorida Limited Liability Company)	ur records.)							
(,								
The Articles of Organization for this Limited Liab	1/28/09	and assigned	l						
Florida document number L09000092	<u>74 </u>								
This amendment is submitted to amend the follow	ring:								
A. If amending name, enter the new name of t	he limited liability company here:								
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation '	'LLC" or the abbrev	/iation					
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 re-	oarde antar	the name of the	กอน					
B. If amending the registered agent and/or registered agent and/or the new registered office		corus, <u>enter</u>	the name of the	new					
Name of New Registered Agent:	DVIR-LEVRAN	_ <u></u>							
New Registered Office Address:	5247 INTERNATIONAL DR SU	TE B	TP T	11					
	Enter Flo	rida street ad	dress 2	LTRICKS					
	ORLANDO	, Florida	⁷ \$328 <u>1</u> 9 }	70					
	City		Zip Carde						
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> **MGRM** YITZHAK BENBASSAT ___ Add 6522 HIDDEN BEACH CIR √ Remove ORLANDO FL 32819 HANIT BENBASSAT MGRM ✓ Add 7057 PHILIPS COVE CT ORI ANDO FL 32819 Remove ☐ Add Remove ☐ Add Remove _ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 31** 2011 Dated _____ Signature of a member or authorized representative of a member DVIR LEV-RAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00