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SECRETARY OF STATE OF CORFESTATION

N. Outligan MAY 2 4 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	YARDEN INVE	ESTMENTS LLC.	
	Name of Li	mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are s	submitted for filing.	
Please return all co	rrespondence concerning this mate	ter to the following:	
		RONEN DAGAN Name of Person	
		YARABN INVESTMENTS LCC.	
		Firm/Company 815 NE. 16 AVE. B-7	
		niami P(33179	
		City/State and Zip Code	
For further informa	E-mail address: tion concerning this matter, please	HOAN @ TAMUZUSA. NET: (to be used for future annual report notification)	
Ronen	DAGAN ame of Person	at (305) 655-1045 Area Code & Daytime Telephone Number	
14	ame of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:		
☑ \$25.00 Filing Fe	Se \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
Re	AILING ADDRESS: egistration Section	STREET/COURIER ADDRESS: Registration Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

11 MAY 23 PH 2 49 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number 120900044665 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "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 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: New Registered Office Address: Enter Florida street address Florida

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.

City

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

Type of Action Title <u>Name</u> <u>Address</u> DAGAN YAEL ☐ Add Remove 🗌 Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00