L09000066964

(Common to de Nome)				
(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:				
A. LUNT				

JUN 27 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE
INCLAMASSEE, FI ORIO
INCLAMASSEE, FI ORIO

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2011

RONEN DAGAN 20815 NW 16 AVE. B-7 MIAMI, FL 33179

SUBJECT: TAMUZ INVESTMENTS, LLC

Ref. Number: L09000066964

We have received your document for TAMUZ INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 511A00012994

COVER LETTER

TO: Registration Division of C	Section Corporations	• •			
SUBJECT:	<u> </u>	INVESTMENTS LC	<u>C.</u>		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	r to the following:			
		Name of Person TNVESTMENTS			
	TAMUZ	Firm/Company	Uc.		-
	20	815 NE 16 AV/ Address	B-7	2011 SEC	
	NIAM, FC. 3319 City/State and Zip Code	19	JJN 24 CRETARY AHASSI	FILED	
	E-mail address: (16AN O PAMUZUS to be used for future annual report notificat	A. NET.	N 24 M P TO	ED
For further information	n concerning this matter, please	call:		RATE I	، د
RONEA Nam	DAGAN e of Person	at (305) 655-100 Area Code & Daytime To	45 elephone Number		,
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &	
MAILING ADDRESS:		STREET/COURIER	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

andres 189

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMUZ INVES	tment LCC.	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number <u>L 09000066964</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designat	ion "LLC" or the abbreviation
		72 26 28 ± 28 ± 28 ± 28 ± 28 ± 28 ± 28 ± 28
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		HAN SE TI
		ZY SSE
	·	TH 🕦 🕅
Enter new mailing address, if applicable:		୍ର ଲୁଖ୍ୟ ଲୁ ପ୍ରା
Mailing address MAY BE A POST OFFICE BOX)		57
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	ot address
	Linei I wi wa sii ee	. GAMI COD
	, Florid	
	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

MGR = Manager

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:

MGRM = Managing Member Name Address Type of Action YAEL DAGAN mGRM .□ Add Ternove ☐ Add Remove ∐Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated . Signature of a member or authorized representative of a member DAGA ₩ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00