L09000070673

(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
SEP 2 3 2009
EXAMINED

Office Use Only



800160814348

09/22/09--01024--017 **75.00

2009 SEP 22 PM 1: 1:
SECRETARY OF STATE
TALL AHASSEE, FLORID

COVER LETTER

TO: Registration S Division of Co				•	
SUBJECT:G		HARI LLC			
	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are suft				
	· EC	DUARDO E. DIEPPA III			
Name of Person					
	DI	DIEPPA LAW FIRM P.A.			
Firm/Company			Ses		
•	20	2095 WEST 76 STREET		2009 SEP 22 SECRETAR) TALLAHASS	
		Address			'n
		HIALEAH FL 33016		PH 1: OF STA	C
		City/State and Zip Code			
EDIEPPA@DIEPPALAW.COM E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please	•	ation)		
	-				
	RDO E DIEPPA III	at (26-8266		
Name	of Person	Area Code & Daytime	Telephone Number	T	
Enclosed is a check for	the following amount:	•			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)
	·				
MAILING ADDRESS:		STREET/COURIE Registration Section			
Registration Section Division of Corporations		Division of Corporations			

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

(Name of the Limited Liability Compa (A Florida Limited I)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on07/23/2009	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1500 BAY ROAD # 832	2009 TAL	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH FL 33139	SEP SEP	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1500 BAY ROAD # 832 MIAMI BEACH FL 33139	22 PM 1: 13 SSEE. FLORID	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
	. 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, 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** Name | <u>Address</u> <u>Title</u> ☐ Add ☐ Remove ☐ Add Remove _ Add ☐ Remove Remove **Ra**move 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 YOSEF GOHARI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00