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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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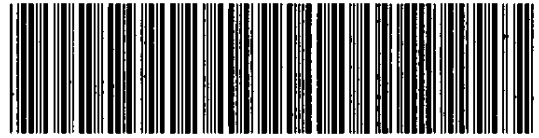
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC 28 PM 1:53

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MBC FORECLOSURES LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ITAI TSANAANI

Name of Person

Firm/Company

1601 LENOX AVE #9, ~~MIAMI BEACH FL 33139~~

Address

Miami Beach, FL 33139

City/State and Zip Code

Itai.tsanaani@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Itai Tsanaani

Name of Person

at ( 786 ) 8303114

Area Code & Daytime Telephone Number

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)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

70  
FILED  
09 DEC 28 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MBC FORECLOSURES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOV 19 2009 and assigned Florida document number L09000111422.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MBC FORECLOSURES, LLC

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)

1601 LENOX AVE #9

Miami Beach 33139

FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1601 LENOX AVE #9

Miami Beach 33139

FL

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:

ITAI TSANAANI

New Registered Office Address:

1601 LENOX AVE #9

Enter Florida street address

Miami Beach

Florida

FL

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

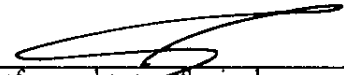
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ITAI TSANAANI	1601 LENOX AVE #9 Miami Beach 33139 FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MITUNA BUSINESS COMPLEX (1955) LTD	<del>WOODMONT DRIVE</del> S GEULA STREET REHOVOT 76111 ISRAEL OC	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

09 DEC 28 PM 1:53  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_, \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 ITAI TSANAANI  
 \_\_\_\_\_  
 Typed or printed name of signee