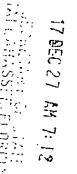


(Requestor's Name)
(Address)
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(Document Number)
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12/27/17--01030--008 **25.00



COVER LETTER

Division of Co			
SUBJECT:	DAPHNA	GAZIT LLC	
30b3ECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
-		RONEN DAGAN	
		Name of Person	
•		DAPHNA GAZIT LLC	
		Firm/Company	
	20815	NE 16TH AVE SUITE B41	
		Address	
	N	ORTH MIAMI, FL 33179	
		City/State and Zip Code	
	Fi mail addrace: (nadia@tamuzusa.net to be used for future annual report notif	ication)
For further information of	concerning this matter, please concerning		(Cation)
RONE	N DAGAN	at ()	1045
Name (of Person	Area Code Daytime	Telephone Number
Enclosed 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose

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

DAPHNA GAZIT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 12-21-2009 The Articles of Organization for this Limited Liability Company were filed on and assigned L09000121036 Florida document number 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LA.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 City

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RONEN DAGAN	20815 NE 16TH AVE SUITE B41	Add
		NORTH MIAMI, FL 33179	Remove
-			Change
-			□ Add
			□ Remove
			Change
			Add
			□ Remove
·			☐ Change
			□ Add
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			Change

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ed	DECEMBER 26	. 2017				
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-	Signatu	re of a member or	authorized repres	entative of a member		

Page 3 of 3

Filing Fee: \$25.00