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**EXAMINER** 



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DIVISION OF CORFORNING

## **COVER LETTER**

TO: Registration Sec Division of Corp		•		
SUBJECT:	Isram Residen	itial Club Caribe, LLC		
		ted Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspon	dence concerning this matter	to the following:		
Name of Person				
Alan J. Marcus, P.A.				
Firm/Company				
20803 B		scayne Boulevard, Suite 30	1	
Address				
		Aventura, FL 33180		
	-1	City/State and Zip Code		
	E-mail address: (	an@alanjmarcus.com to be used for future annual report notific	ation)	
For further information co	ncerning this matter, please of	eall:		
Alaı	n J. Marcus	at ( 305 ) 9	37-1800	
Name of	Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	S30.00 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)	
	NG ADDRESS:	STREET/COURIE		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Isram	Residential Club Caribe,	LLC		
(Name of the Limiter	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	and assigned			
Florida document numberL1000003	37960			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company her	<u>·e</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	cable:		20 <b>4</b>	
(Principal office address MUST BE A STREE	ET ADDRESS)		<b>2</b> 0,7	
			<b>ယ</b> ္ကုံးလို	
			<b>3</b> jaga	
Enter new mailing address, if applicable:			<u>;</u>	
(Mailing address MAY BE A POST OFFICE	(BOX)		<b>3</b> 5 ₹	
			- 43	
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Alan J. Marcus, Esq.			
New Registered Office Address:	20803 Biscayne Boulevard, Suite 301			
	Enter Florida street addre			
	Aventura	, Florida	33180	
	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> Address Type of Action MGR SHAUL RIKMAN 506 S DIXIE HIGHWAY ✓ Add Remove HALLANDALE, EL 33009 MGR ALAN J. MARCUS, ESQ. 20803 BISCAYNE BLVD ✓ Add Remove SUITE 301 AVENTURA, FL 33180. Isram Realty Management LLC MGR **506 S DIXIE HIGHWAY** \_\_\_ Add HALLANDALE, FL 33009 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 or authorize Typed or printed name of signee

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Filing Fee: \$25.00