L10000041544

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T. CLINE
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EXAMINER

COVER LETTER

Division of Cor		
SUBJECT: OR3	PELED LLC	
	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following:	
	Neta Issacof Name of Person	_
	OR3 PELED LLC Firm/Company	_
	P.O. Box 721616 Address	-
	San Diego, CA 92172 City/State and Zip Code	-
•	nissacof@yahoo.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	ALL AHASSEE
Elisha Zamir	at (954)881-0776 Of Person Area Code & Daytime Telephone Numb	
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy ional 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**

OR3 PELED LLC (Name of the Limite	d Liability Compa A Florida Limited I	iny as it now appears of Liability Company)	n our records.)			
The Articles of Organization for this Limited I	iability Company	were filed on04/	19/2010	and assi	gned	
Florida document number <u>L10000041544</u>	·•					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company here:				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company,	" the designation	"LLC" or the al	obreviation	
Enter new principal offices address, if appli	15530 Hawker Lane					
(Principal office address MUST BE A STREET ADDRESS)		Wellington, FI 33414				
Enter new mailing address, if applicable:		P.O. Box 721610		SECRE	F April	
(Mailing address MAY BE A POST OFFICE	San Diego, CA =		/25	Exercises Exercises		
B. If amending the registered agent and, registered agent and/or the new registered o	or registered of	fice address on our	records, enter	The name of	the new	
Name of New Registered Agent:	Elisha Zami	r	·····			
New Registered Office Address:	15530 Hawl					
			Florida street ad	ldress		
	<u> </u>	Vellington City	, Florida	33414 Zip Code		
Now Designated Agent's Signature if should be	D	City		Lip Code		

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> Name 1 Address **Type of Action** ☐ Add ☐ Remove Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The address of the Manager, Shraga Peled is hereby amended to read as follows: P.O. Box 721616, San Diego, CA 92717 92172

Page 2 of 2

SHRAGA PELED, MANAGER

Filing Fee: \$25.00

Signature of a member of authorized representative of a member

Typed or printed name of signee