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ANALYSSEE, FLORIDA

D. SCOTT MAY 3 2017

# COVER LETTER

TO: Registration So Division of Con		•	
	estments 26, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for fitting.	
Please return all correspo	ondence concerning this matter	to the following:	
	Israel E. Kopel		
		Name of Person	
	Mazal Investments 26, LL	C ,	
	****	Firm/Company	
	IIII Kane Concourse, Sui	ic 214	
•	**************************************	Address	•
	Bay Harbor Islands, Florid	la 33154	
		City/State and Zip Code	
	uldocuments@gmail.com		·
	E-mail address: (	to be used for future annual report notific	ation) .
For further information c	oncerning this matter, please c	all:	* <u>*</u> •
Israel E. Kopel		305 867-1621	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		STORY TO
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.  Certificate of Status & 5  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

Mazal Investments 26, LLC	
( <u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as It now appears on our records.) Liability Companyl
The Articles of Organization for this Limited Liability Company Florida document number L10000062339  This amendment is submitted to amend the following:	y were filed on June 10, 2010 and assigned
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI.C" or the abbreviation "L.L.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 of registered agent and/or the new registered office address be	13322 SW 128 Street  Miami, Florida 33186  Diffice address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address , Florida  Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	rec to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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	•		□ Remove
		*	Change
			C Remove
			Change
		·	□ Remove
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ective date, if other than the	April 2	7, 2017	(antional)	
i circuive date is usica, inc date ind	ist of specific and cannot be p	and to date of ming of more t	han 90 days after filing.	.) Pursuant to 605.020
te: If the date inserted in this becument's effective date on the f	lock does not meet the apparance of State's reco	plicable statutory filing red rds.	quirements, this date	will not be listed a
record specifies a delaye	d effective date, but	not an effective time	e, at 12:01 a.m.	on the earlier
he 90th day after the rec	.ord is med.			
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Chairm Harry	in se			宝马 子。
- metal	Signature of a member or a	uthorized representative of a	member	公型 ニ

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