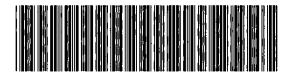
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(	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions	to Filing Officer:	
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SECRETARY OF STATE

WAY O 3 2017 J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor					
2001	Mazal Inve	stmenta 28, LLC				
SCDJ	EX. C	Name of Lin	nited Liability Company			
The er	iclosed Articles of	Amendment and fecis) are sub	mutted for filing.			
Ploase	return all correspo	ondence concerning this matter	to the following:			
		Israel E. Kopel				
			Name of Person	, <u> </u>		
		Mazal Investments 28, LL	С			
	Firm/Company					
	1111 Kane Concourse, Suite 214					
		4116	Address			
		Bay Harbor Islands, Floric	la 33154			
			City/State and Zip Code			
		uldocuments@gmail.com	The state of the s			
For fu	rther information c	oncerning this matter, please c	to be used for future annual report no all:	mication)		
Israel	E. Kopel		305 867-1621	,		
Name of Person		at () Area Code Daytii	ne Telephone Number			
			rick code bayon	·		
Enclos	ed is a check for th	ne following amount:				
	5.00 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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	enter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mazal Investments 28, LLC				
( <mark>Name of the Limited Liability Co</mark> (A Florida Lim	Ompany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp	pility Company were filed on June 10, 2010			
Florida document number L10000062342				
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 I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	K:	- The same of the side of the same of the		
(Principal office address MUST BE A STREET ADDRESS	5)	W*************************************		
•		<b>7</b> 100		
		<b>3</b>		
Enter new mailing address, if applicable:	13322 SW 128 Street	1 33		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33186			
		<b>7</b> 400		
,		(a)		
B. If amending the registered agent and/or registere		er the name of the ne		
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	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 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

ANUBR = Authorized Member Title Name Address Type of Action \_\_ D Add \_\_\_\_\_D Remove □ Remove \_□ Change □ Add □ Remove \_ Change  $\square$  Add □ Remove ☐ Change □ Remove \_C Change

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