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Office Use Only



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D. BRUCE

OCT 21 2010

EXAMINER

COVER LETTER

| TO: Registration'Sect Division of Corpo | | | | |
|-----------------------------------------|--------------------------------------------|------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------|
| SUBJECT: <u>GAL</u> | G. U. Deve U. Name of Limite | opment L(c. | | |
| The enclosed Articles of A | mendment and fee(s) are subm | nitted for filing. | | |
| Please return all correspond | dence concerning this matter t | o the following: | | |
| | RONEN 1 | P GAN Name of Person | | |
| | TAMUZ | Investments LL Firm/Company | ۷ | |
| | 20815 | NE. 16 AVE /B | 3-7 | 10 FALL |
| | miam | Chy/State and Zip Code | | TILLU 10 OCT 20 AN M: 46 SECRETARY OF STATE ALLAHASSEE, FLORID |
| | RDAGAN | be used for future annual report notification | | 20 AH IN: 46 ARY OF STATE ASSEE, FLORIDA |
| For further information con | ncerning this matter, please ca | 11: | | ORIDE ORIDE |
| RONEN | DAGA:N Person | at (<u>3 0T) 525 - 718</u> Area Code & Daytime Telep |) O phone Number | J» |
| Enclosed is a check for the | following amount: | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |
| | IG ADDRESS: | STREET/COURIER A Registration Section | DDRESS: | |

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/07/2010 and assigned Florida document number 100000 4065.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 | Zip Code | |

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 **Address** Title Name Type of Action MGRM SHMUEL (ULI) GOTSHAL 20815 NE. 16 AVE B-7 THAD Remore MIBMI, PL. 33179

MGRM GAL G.U. Development 17 HA'MORAG ST. TADAD Remore CONSULTING BUSINESS LTD. KATZIR, TSRAEL 37861 ☐ Add ☐ Remove ☐ Add Remove \square Add Remove ∏Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.);

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00