

L10000108757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BARAK Group LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tamara Sabbagh Delisle  
Name of Person

A10 Realty & Property Management  
Firm/Company

5790 Johnson Street  
Address

Hollywood, FL 33021  
City/State and Zip Code

Tamara@a10property.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Sabbagh Delisle at (954) 372-3088  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
DEC 9 2008

2513 DEC -9 PM 5:06

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BARAK Group LLC

(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 10/18/2010 and assigned Florida document number L10000108757

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5790 Johnson Street  
Hollywood, FL 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5790 Johnson Street  
Hollywood, FL 33021

**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:

Tamara Sabbagh Delisle

New Registered Office Address:

5790 Johnson Street  
*Enter Florida street address*

Hollywood, Florida 33021  
*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.*

*(Signature)*  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	BARAK Shemer	3841 N. 37 <sup>th</sup> Ave.	<input type="checkbox"/> Add
		Hollywood, FL 33021	<input checked="" type="checkbox"/> Remove
MGRM	BARAK Shemer	5790 Johnson St.	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33021	<input type="checkbox"/> Remove
MGR	Tamara Sabbagh Delisle	5790 Johnson St.	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33021	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove previous RA: Gil Shemer  
from all written and online publications  
effective immediately.

Dated

Dec 4 2013

Signature of a member or authorized representative of a member

Tallara Sabryh Delsle

Typed or printed name of signer

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Filing Fee: \$25.00

2013 DEC -9 PM 5:08  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 12/10/13 BY 60322

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