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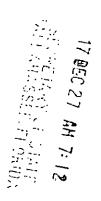
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COVER LETTER

то:	Registration Se Division of Cor		•	· ·
CHD	IECT.		TER HOLDINGS LLC	
SUB	JECT:		nited Liability Company	<u> </u>
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
			SALPETER HOLDINGS LLC me of Limited Liability Company are submitted for filing. s matter to the following: RONEN DAGAN Name of Person RON SALPETER HOLDINGS LLC Firm/Company 20815 NE 16TH AVE SUITE B41 Address NORTH MIAMI, FL 33179 City/State and Zip Code nadia@tamuzusa.net address: (to be used for future annual report notification) please call: at (
			Name of Person	
		RON	SALPETER HOLDINGS LLC	
			Firm/Company	
		20815	NE 16TH AVE SUITE B41	
			Address	
		N'	ORTH MIAMI, FL 33179	
			•	
		K mail addenses		audicia)
For fi	urther information c	oncerning this matter, please c	·	canon)
	RONEN	DAGAN	305 655	1045
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
= \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

	HOLDINGS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000128246	v were filed on	12-15-2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	signation "LLC" 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 o	Tice address on	our records anto	r the name of the
registered agent and/or the new registered office address her	<u>'e</u> :	our records, <u>enter</u>	The name of the
Name of New Registered Agent:			A BE
New Registered Office Address:	y* , g**;) ;		(5.7) 2 (5.5) 27
	Enter Florid	a street address	3
 -	City	, Florida <u>/</u>	22 2 - Zip-Gode
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	2	

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RONEN DAGAN	20815 NE 16TH AVE SUITE B41	
		NORTH MIAMI, FL 33179	■ Remove
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			Change
			
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	pecifies a delayed effect day after the record is		t an effective tii	me, at 12:01 a.m	. on th	e earlier
ited	DECEMBER 26	2017				
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Page 3 of 3

Filing Fee: \$25.00