Florida Department of State

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From:

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Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: <u>dpeleg@peleggroup.com</u>

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C. BRUMBLEY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ELEG GROUP		
(Name of the Limite)	d Liability Company A Florida Limited Lia	as it now appears on our recor- bility Company)	<u>ik.)</u>
The Articles of Organization for this Limited Lia Florida document number <u>L11000040338</u>	ability Company w	ere filed on April 5, 201	1 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation "LLG	O" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		202 17/
(Principal office address MUST BE A STREET	(ADDRESS)		99
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office ad	dress on our records, <u>ente</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	18851 NE 29	th Avenue, Suite 410 Enter Florida street addre	22
	Aventura		lorida <u>33180</u>
		City	Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regisbeing filed to merely reflect a change in the recompany has been notified in writing of this c	l agent and agree r and complete p tered agent as pr egistered office a	erformance of my duties, a ovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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p.3

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
AR	Tal Zamir	15155 NW 7th Ave	⊠ Add
		Miami, FL 33169	□Remove
			©Change
			CAdd
			□Remove
			□Change
			□Remove
			Change
			□Add
			CRemove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			CChange
			CRemove

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. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
•••	
·	
(If an effective date is Note: If the date	fother than the date of filing:
the record specifies a cord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 25 . 2022 .
	Signature of a member or authorized representative of a member
	Ami Peleg Typed or printed name of signee

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