U1000058716

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



900208194309

05/27/11--01005--012 **30.00

2011 MAY 27 AM DE 20 SECRETARY OF STATE TALLAHASSEE, FLORID

T. CLINE
MAY 3 1 2011
EXAMINER

COVER LETTER

TO:	Registration S Division of Co	ection orporations				
SUBJE	ECT:	Tamar	Holdings LLC			
	-					
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
	Gil Ovadia					
Name of Person		Name of Person				
		-	Tamar Holdings LLC			
Firm/Company		Firm/Company				
	1761 W Hillsboro Blvd					
Address				-		
		Dee	erfield Beach, FL 33442		∓ ≥	
			City/State and Zip Code			
gilovadia@usa.com E-mail address: (to be used for future annual report notification)					2011 MAY 27 SECRETARY ALLAHASSI	Plant of the second
For fur	than information			.1011)	171,	SACR IT
roriun	mer miorination	concerning this matter, please of	ali.			ŗŢ
		ancy Mangel	at (<u></u>)	31 1243	AN DA 28 DE STATE DE LORIDA	£
	Name	of Person	Area Code & Daytime T	elephone Number	DA DA	
	•			•		
Enclose	ed 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)	Certified C	of Status &	
	Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporati			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tam	ar Holdings LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear Limited Liability Company)	<u>irs on our records.</u>)		
The Articles of Organization for this Limited Liability	Company were filed on	05/18/2011	and assigned	
Florida document number L11000058716	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	nited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Comp	any," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applicable:			- 3 / ₁₀ ≥	
Principal office address MUST BE A STREET ADD	RESS)		AN THE	
			AY 27	
Enter new mailing address, if applicable:			33.5 50 XX of	
(Mailing address MAY BE A POST OFFICE BOX)				
			STATE STATE	
B. If amending the registered agent and/or regis		our records, enter t	he name of the new	
•				
Name of New Registered Agent:				
New Registered Office Address:	77			
	Enter Florida street address			
	City	, Florida	Zip Code	
	•		4	

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.

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

Title Name Address **Type of Action** MGR Gil Ovadia 10409 Buena Ventura Drive Boca Raton FL 33498 Miki Kobi MGRM 1761 W Hillsboro Blvd Deerfield Beach FL 33442 ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 25th May 2011 Dated_ Signature of a member of authorized representative of a member **GIL OVADIA** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00