## 111000076244

(Req	uestor's Name)			
(Add	ress)			
(Add	-0-co			
(Addi	(655)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Dusi	F-&- N-			
(Busi	ness Entity Na	mej		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fi	ling Officer:			

Office Use Only



400214247224

11/18/11--01025--019 \*\*25.00

SECRETARY OF STATE TALEANASSEE, FLORIDA

T. CLINE

NOV 2 1 2011

**EXAMINER** 

## **COVER LETTER**

Division of Co				
SUBJECT:	Investing	Wisely XVIII, LLC		
		ited Liability Company	<del></del>	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
	<del></del>	Asaf Yogev		
		Name of Person		
	Inv	esting Wisely XVIII, LLC		
Firm/Company				
2632 Hollywood Boulevard, Suite 302			SEC SEC	
		Address		
Hollywood, FL 33020			2011 NOV 18 SEGRETARY ALLEAHASSE	
City/State and Zip Code				RY OF
asaf@ocig.co.il  E-mail address: (to be used for future annual report notification)				RIH: 00
For further information	concerning this matter, please	call:		0 m
	ev, Managing Member		81-1227	
Name	of Person	Area Code & Daytime T	elephone Number	
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	e of Status &
	MAILING ADDRESS: Registration Section  STREET/COURIER ADDRESS: Registration Section			

Registration Section 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 OF

Investing W	isely XVIII, LLO			_	
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appe: ed Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Comp	any were filed on	June 30, 2011	and	l assigne	ed
Florida document numberL11000076244					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	iability company he	ere:			
1	N/A				
The new name must be distinguishable and end with the words "L".L.C."	Limited Liability Comp	oany," the designation	"LLC" or 1	the abbre	viation
L.L.C.			A co	201	
Enter new principal offices address, if applicable:			<u> </u>		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> </u>		ž.
			SHY SHY	<u> </u>	P
			3. E	型	
Enter new mailing address, if applicable:			EOS VIS		
(Mailing address MAY BE A POST OFFICE BOX)			ALL STATES	2	
B. If amending the registered agent and/or registered		our records, enter	the nam	e of th	e new
registered agent and/or the new registered office address l	<u>nere</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	Citv		Zip C	ode	

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** MGRM Lior Kagan 25 Kohvan Street ✓ Add Hod Hasharon, Israel 45224 Remove ☐ Add Remove 🔲 Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member David Aronson, Authorize Representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00