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(Re	equestor's Name)		
(Address)			
(Ad	dress)		
. (Ci	ty/State/Zip/Phone	e #)	
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(Document Number)			
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORIO

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: LEVINTIN REAL ESTATE 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:

Guy Levintin

Name of Person

LEVINTIN REAL ESTATE LLC

Firm/Company

48 NETZACH ISRAEL ST

Address

HOD HASHARON, ISRAEL 45286

City/State and Zip Code

levintin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guy Levintin

_{at} 954 864-484

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVINTIN REAL	•	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on JULY 18, 2011	and assigned
Florida document number L11000082452		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	777 SOUTH FEDERAL H	IGH_WAY
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL	
		20 7
		SSE G
Enter new mailing address, if applicable:	777 SOUTH FEDERAL H	
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL	33 <u>\$</u> (6
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>en</u> <u>e</u> :	ter the name of the nev
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street	t address
	, Florid	
	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.

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>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Kemove	
			Add	
				
			Remove	
		· · · · · · · · · · · · · · · · · · ·	Add	
			Remove	
			-	
			Add	
			Remove	

D. If amending any other information, e	any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	· ····································		
Dated NOVEMBER 07	2012		
Signature	of a member or authorized representative of a member		
	GUY LEVINTIN		
	Typed or printed name of signee		

Page 3 of 2

Filing Fee: \$25.00