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TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company
The en	sclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Scotia A. Anderson
	Mishorim Florida LCC Firm/Company
	9378 adington Apressway, Suite #319
	Jacksonville, FL 32225 City State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Sondra H. Andreson at (904) 442-1260 Name of Person Area Code Daytime Telephone Number
. /	ed is a check for the following amount: 5.00 Filing Fee

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

Misherim Florida (LC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1-27-11}{2}$ and assigned Florida document number $\frac{27000132039}{2}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code Now Bouistard Agent's Signature if changing Registered Agents

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 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

MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action 9378 Orlington Expressuray XAdd Suite#319, Jacksonville, FL 32225 Remove Daniel Leventhal □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Change □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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the record specific) The 90th day a	es a delayed effect after the record is	tive date, but r filed.	not an effective	time, at 12:01 a.	m. on the ea	ırlier of
Dated June	e 19	2019	<u>2</u>			
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	Signatur	e of a member or au	thorized representative	e of a member		•

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Filing Fee: \$25.00