## UDDIVANG

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500293025725

01/09/17--01031--006 \*\*25.00

JAN 1 0 2017 S. YOUNG 17 JAN -9 PM 4: 03



## **COVER LETTER**

TO: 'Registration Se Division of Cor				
	Markus Group, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Hindi Boymelgreen			
		Name of Person		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	T Pro
	2956 Flamingo Drive			JAN-9 PM 4: 03
		Address	•	9
	Miami Beach, FL 33140			AN -9 PH 4: 03
		City/State and Zip Code		豆豆
	zvi@beechwoodacquisition			
		to be used for future annual report notific	cation)	
For further information co	oncerning this matter, please c	all:		
Joseph Bartfield, Esq.		347 682-7372 at ( )		
Name of	f Person		Telephone Number	
Enclosed is a check for the	ne 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 State Certified Copy (additional copy is enc	

10.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahássee, 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

The Florida Markus Group, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	any were filed on December	19, 2011 and assigned
Florida document number L11000142316		
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 I.	iability Company," the designation	on "LLC" or the abbreviation "L.L.C." or
Enter new principal offices address, if applicable:	2956 Flamingo Drive	
(Principal office address MUST BE A STREET ADDRESS	Miami Beach, FL 33140	
	-	٠ ١
		2
Enter new mailing address, if applicable:	2956 Flamingo Drive	<b></b>
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33140	3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent: Hindi Boyn	nelgreen	
New Registered Office Address: 2956 Flami	ngo Drive	
	Enter Florida stree	t address
· Miami Bea	ch	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Mordechai Bistritzky	3126 Pine Tree Drive	Add
		Miami Beach, FL 33140	■ Remove
			☐ Change
MGR	Hindi Boymelgreen	2956 Flamingo Drive	
		Miami Beach, FL 33140	☐ Remove
	,		Change And And
			Remove Change
			☐ Change
			□ Remove
			☐ Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

• •						_
						_
						_
						<u> </u>
						_
			-			
						_
						- 医院
					<u></u>	
						F 3
						골 🖑
						F: 03
***************************************					<del></del> .	_
						_
ective date, if other than a effective date is listed, the date te: If the date inserted in the nument's effective date on the	e must be specific and is block does not r	d cannot be prior t neet the applica		nore than 90 days afte		
record specifies a deli he 90th day after the	ayed effective or record is filed.	date, but not	an effective	time, at 12:01	a.m. on the ear	rlier of:
ed		, 2017				
		Re				
		_, _	-			

Page 3 of 3

Filing Fee: \$25.00