L12000011235

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COVER LETTER

TO:	Registration Section Division of Corporation					
SUBJE	CT:			Investmer Liability Company	nts L	ic
The enc	losed Articles of An	nendment and fee(s)	are submit	ted for filing.		
Please re	eturn all corresponde	ence concerning this	s matter to t	he following:		
				Carn Levi		
		L5R 1	15 A	Investmen Firm/Company	ts LLC	-
			6 N	W 2nd Av	e_	
		Boca A	la ton	FL 33	432	
	-	rmmca	binet	S @ 9 mail. e used for future annual re	Lom	
For furth	her information conc	cerning this matter,	please call:			
	Sam Le	·		at (<u>954</u>) <u>5</u> Area Code	88-63 Daytime Telepho	s 3
Enclose	d is a check for the f	following amount:				
\$25	.00 Filing Fec	S30.00 Filing Fe Certificate of S		□ \$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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

О	F	2021. FILED
LSR USA Investmen		2024 APR 15 AM 9.
(Name of the Limited Liability Compa (A Florida Limited I.		15 7 M. S77.
The Articles of Organization for this Limited Liability Company	were filed on	1/24/12 and assigned
Florida document number L 12000011235		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :
LSR USA Investment Mana	agement	LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "LLC" 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 a agent and/or the new registered office address here:	address on our re	ecords, enter the name of the new registered
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

_, Florida <u>__</u>

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			⊟Remove
			Change
			□ Add
			□Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an cf <u>Note:</u>	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the recordisti	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	4/3 2024
	Signature of a member or authorized representative of a member
	Shlomo Levi Typed or printed name of signee