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Certified Copies	_ Certificates	s of Status
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G. MCLEOD

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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corpo	ion rations	· ·	
ŠUBJI	ECT:	Haim Re	alty Group LLC	
	***************************************		ed Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
			Alan Razla	
			Name of Person	
	•	Tax	& Accounting Office Inc	
			Firm/Company	
		31	13 Stirling Rd Ste 203	
			Address	
		Ft	Lauderdale, FL 33312	
			City/State and Zip Code	
		CD8 E-mail address: (10	adirect@bellsouth.net o be used for future annual report not	fication)
For fur	ther information con-	cerning this matter, please ca	ali:	•
	llan A	Abenhaim	at (305)	797-0388 ne Telephone Number
			med code to Bayin	ne receptorie realises
Enclos	ed is a check for the	following amount:		
\$25	5.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Cepy (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

Haim Rea	Ity Group LLC				
(Name of the Limited Liability Con (A Florida Limit	npany as it now appo ed Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document numberL12000044550	any were filed on _	March 30, 20	12 aı	nd assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company h	ere:			
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Com	pany," the designatio	n "LLC" o	r the al	obreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	2		30	~	
				3	*********
Enter new mailing address, if applicable:				Y-7	battadeggle Chibbersi, 4
(Mailing address MAY BE A POST OFFICE BOX)			- 62	K	773
			913	2:3	
				9	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address in the new registered office address in the new registered office address in the new registered of the new r		our records, ente	er the na	me of	the nev
registered agent and/or the new registered office address	nere.				
Name of New Registered Agent:					
New Registered Office Address:					
1.	, E	Enter Florida street	address		
	-	, Florida			
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Haim Masliah	3113 Stirling Rd Ste 203 Ft Lauderdale, FL 33312	Add ☐ Remove
			Add Remove
	* * * * * * * * * * * * * * * * * * *		Add Remove
D. If amen	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
			
Dated	5-2-12		- -
	Signature of a mem	ber or authorized representative of a member	
	Q ALAN N RAZI	A ped or printed name of signee Page 2 of 2	

Filing Fee: \$25.00