L1200006759/

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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12 DEC 28 PH 4: 11

JAN -2 2013 T. HAMPTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A New Beg	inning Moving Services, LLC.
DOCUMENT NUMBER: L1200067391	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Eitan Ofri	
-	Name of Contact Person
A New Beginning	Moving Services, LLC.
	Firm/ Company
164 Wimbledon D	Or.
	Address
Plantation, FL 33	324
-	City/ State and Zip Code
ofrieitan1@gmail.cor	n
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se cali:
Eitan Ofri	at (305) 308-3232
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED

12 DEC 28 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 12, 2012

EITAN OFRI 164 WIMBLEDON DR PLANTATION, FL 33324

SUBJECT: A NEW BEGINNING MOVING SERVICES, LLC.

Ref. Number: L12000067391

We have received your document for A NEW BEGINNING MOVING SERVICES, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 012A00029386

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A New Beginning Movi	ing Services, LLC. ⊋ ౙౢౢౢౢౢౢౢౢౢ
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company villerida document number	were filed on 5/18/2017. and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Zamir One Enterprise, LLC	
The new name must be distinguishable and end with the words "Limite" L.L.C."	
Enter new principal offices address, if applicable:	873 NW 80th Fer Plantation fl 33324
(Principal office address MUST BE A STREET ADDRESS)	Plantation LL 33324
Enter new mailing address, if applicable:	same as above
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Remove DEC 38 Remove Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	26 ⁺² December, 2012.
	Signature of a member or authorized representative of a member
	FITAN OFRI Typed or printed name of signce
	n1-62

Page 3 of 3

Filing Fee: \$25.00

DESTRUCTION OF LETTER