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SECRETARY OF STATE
DIVISION OF CORPORATION
12 JUL 30 PM 3:26

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D.O.D.A 8261 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IZAK SHRULL

Name of Person

Firm/Company

2051 N. UNIVERSITY DRIVE

Address

SUNRISE FL 33322

City/State and Zip Code

SHTULL@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IZAK SHTRULL

Name of Person

at (**917**)

349-4904

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Status &
Certified Copy
(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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUL 30 PM 3:26

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

D.O.D.A 8261 LLC

(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 05/22/2012 and assigned
Florida document number L12000068545

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

P.O. BOX 15145

PLANTATION FL 33318

USA

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

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

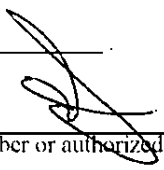
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KAL REO PROPERTIES LI	2051 N. UNIVERSITY DRIVE SUNRISE FL 33322	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KAL REO PROPERTIES LI	P.O. BOX 15145 PLANTATION FL 33318	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SAAR, ASI	20 MACDONALD STREET RAMAT GAN ISRAEL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SALMAN, DANA	117 DERECH HASHALOM STREET TEL AVIV ISRAEL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

7.20.12

Typed or printed name of signee