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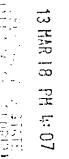
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT:	LIOR ZUARETZ SAGIV HOLDINGS LLC				
50B/EC1.	_	ted Liability Company	<del></del>		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Ronen Dagan  Name of Person				
		Name of Person			
	LIOR ZUARETZ SAGIV HOLDINGS LLC Firm/Company				
	20815 NE 16 Ave, #B-7				
Address					
	Miami, FL 33179				
		City/State and Zip Code			
	E-mail address: (to	lagan@rydwear.com o be used for future annual report no	tification)		
For further information con	cerning this matter, please ca	all:			
	en Dagan	at (_305_)	655-1045		
Name of P	erson	Area Code & Dayt	ime 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 enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COU Registration Sec Division of Corp Clifton Building	orations		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LIOR ZUARETZ SAGIV HOLDINGS 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 Liabil	ity Company were filed on	June 14, 2012	and assigned
Florida document number L1200007907	9		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	oany." the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)		
			,
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter	the name of the new
			<del></del>
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			<del>20</del> <del>20</del> <del>20</del> <del>20</del> <del>20</del> <del>20</del> <del>20</del> <del>20</del>
	E	nter Florida street ad	ldress = 2
_		, Florida	
	City		Zip Çide
New Registered Agent's Signature, if changing Regis	stered 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 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> **Address Type of Action** <u>Name</u> **MGRM** Lior Zuaretz Sagiv 20815 NE 16 Ave. #B-7 **✓** Add Remove Miami, FL 33179 MGRM Nir Sagiv 20815 NE 16 Ave., #B-7 ✓ Add Miami\_FL 33179 Remove ☐ Add Remove  $\prod Add$ Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 14 Signature of a member or authorized representative of a member Ronen Dagan

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee