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COVER LETTER

TO: Registrati Division o	n Section Corporations
SUBJECT:	S.O.T Housing, LLL Name of Limited Liability Company
The enclosed Articl	of Amendment and fee(s) are submitted for filing.
Please return all co	espondence concerning this matter to the following:
	Tal Benharush
	Name of Person
	Sof Amendment and fee(s) are submitted for filing. Espondence concerning this matter to the following: Tal Benharush Name of Person S.O.T. Husing, LLC Firm/Company 3340 N 59 way Address Hollywood, H. 33021 City/State and Zip Code 1 bharush e smail. Com E-mail address: (to be used for future annual report notification) on concerning this matter, please call:
	Firm/Company
	2240 N 59 Way
	Address
	Hollywood, A. 33021
	City/State and Zip Code
	I bharush e smail. Com
For further informa	
Tai	Benharush at (968) 670 · 3922 ne of Person Area Code Daytime Telephone Number
N	ne of Person Area Code Daytime Telephone Number
Enclosed is a check	or the following amount:
\$25.00 Filing F	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.O.T. H (Name of the Limited Liability C (A Florida Lin	tousing, LCC	r records.)
(A Florida Lin	nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 6 18	12012 and assigned
Florida document number <u>L\2000080286</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "LtL.C."
Enter new principal offices address, if applicable:		2 (91)
(Principal office address MUST BE A STREET ADDRES	<u></u>	
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		, :
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Yehiel Ben-Harush	27 Alexis Drive	Add
	·	Farmingdale, NJ. 07	127 Remove
			Change
AMBR	Oren Ben-Harush	2240 N. 57 Way	□ Add
		Hollywood, a. 33021	Remove
			Change
MGR	Tal Benharush	2240 N 57Way	Add
·		Hollywood A. 33021	□ Remove
		:	Change
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fective date, if other t	in this block does not me	annot be prior to date of fili set the applicable statuto	(opting or more than 90 days after ry filing requirements, this	onal) filing.) Pursuant to 605,0207 s date will not be listed as
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ote: If the date inserted ocument's effective date	delayed effective da	ite, but not an effec	ctive time, at 12:01 a	a.m. on the earlier of

Page 3 of 3

Filing Fee: \$25.00