

L120000 81101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

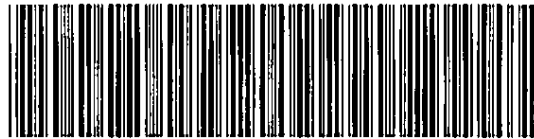
(Business Entity Name)

(Document Number)

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JUL 22 2020

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALLAH, SEATTLE, WASH.

2020 JUL 22 AM 8:10

FILED

SEP 08 2020

S. YOUNG

May 07, 2020

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Name of LLC: YIGAL MAZOR LLC
Florida document number: L12000081101

The enclosed *Articles of Amendment* and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

YIGAL MAZOR

Name of Person

Firm/Company

DN YIZRAEL

Address

MOLEDET 1913000, ISRAEL

City, State and Zip Code

mazoryigal@gmail.com

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

For further information concerning this matter, please call:

YIGAL MAZOR

Name of Person

at 011-972-52-501-7556

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)

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

YIGAL MAZOR 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 06/19/2012 and assigned

Florida document number L12000081101.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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) _____

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 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.

FILED
2012 JUL 22 AM 8:10
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
CLAY COUNTY, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	YIGAL MAZOR	MOSHAV MOLEDET D.N. GILBOA, IS 19130 IS	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ORIT MAZOR	DN YIZRAEL MOLEDET 1913000 ISRAEL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	YIGAL MAZOR FOR BUSINESSES LTD	DN YIZRAEL MOLEDET 1913000 ISRAEL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee