L120000 824Hb

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N COOPER JUN 27 2018

COVER LETTER

	ALEV HOLDINGS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ronen Dagan		
		Name of Person	
	RINA SHALEV HOLDIN	GS LLC	
		Firm Company	
	20815 NE 16th Ave #B-	41	
		Address	· · · · · · · · · · · · · · · · · · ·
	Miami, FL 33179		
		City/State and Zip Code	
	Rdagan@TamuzUSA.ne	to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	·	
Ronen Dagan		305 655 1045	
	of Person	at ()	e Telephone Number
		·	•
Enclosed is a check for the	he 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 enclose
	ING ADDRESS:	STREET/COURI Registration Section	ın en

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF RINA SHALEV HOLDINGS LLC

(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on o da Limited Liability Company)	ar records.)
The Articles of Organization for this Limited Liability Florida document number <u>L120000</u> 82486		012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li-	mited Liability Company," the designa	don "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Planning undress MAT BE A FOST OFFICE BOXY		
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and New Registered Agent:		records, enter the name of the nev
New Registered Office Address:		
	Enter Florida str	
	Cuv	, Florida Zip Code
New Registered Agent's Signature, if changing Register		zip Cou
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capac complete performance of my d agent as provided for in Chapt red office address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, S	ignature of New Registered Agent

Page 1 of 3

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	Shalev. Doron	20815 NE 16th Ave #B-41			
		North Miami, FL 33179	■ Remove		
			☐ Change		
					
			□ Remove		
			□ Change		
			□ Add		
			□ Remove		
			☐ Change		
			☐ Remove		
			□ Change		
			☐ Remove		
			☐ Change		
		,	☐ Remove		
			Change		

D. If am	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
•			
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		71 7131	
	18 JUN 25	, C	
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		5	-
		>	=
<u>Note:</u>	late, if other than the date of filing: 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 kb) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.		
If the re (b) The	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.		
Dated	e 19 2018		
	Signature of a member of authorized representative of a member		
	Ronen Dagan		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00