

Florida Department of State
Division of Corporations
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Division of Corporations
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T. LEMIEUX

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GADI GAVRIEL BRUCHIM	3330 NE 190TH STREET	<input checked="" type="checkbox"/> Add
		APT 2112	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

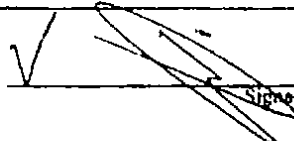
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Dated 10/24 _____, 2019



Signature of a member or authorized representative of a member

GADI GAVRIEL BRUCHIM

Typed or printed name of signee