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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

Phone Fax Number

: (305)937-7773 : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHAIM HOLDINGS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHAIM HOLDINGS LLC	29% 入以一年 🧦 🔭
(Name of the Limited Liability Compa	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L12000102321	The transport of the second of
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ry Company," the designation "LLC" or the abbreviation "L.I. 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 here:	ice address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Clavida

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.

Co

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	Name	Address	Type of Action
MGR	GADI GAVRIEL BRUCHIM	3330 NE 190TH STREET	
		AD 5 3 1 4 3	B Add
		APT 2112	[] D
		AVENTURA, FL 33180	□ Remove
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an effective date is listed.	the date must be specific and o	mnot be prior to date of filing or more th	(optional) on 90 days effer filing.) Pursuant to 605,0207 (3
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iote: If the date inserte ocument's effective da e record specifies a The 90th day afte	a delayed effective da r the record is filed.	e, but not an effective time,	at 12:01 a,m. on the earlier of:
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ote: If the date inserte comment's effective da record specifies a fine 90th day after the 10/24	delayed effective da the record is filed.	e, but not an effective time,	