

L12000 105621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

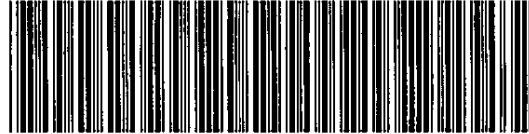
(Business Entity Name)

(Document Number)

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07/21/16--01017--009 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

JUL 22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NGL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OFIR DABASH

Name of Person

NGL LLC

Firm/Company

8320 WEST SUNRISE BLVD, STE 207

Address

PLANTATION, FL 33322

City/State and Zip Code

ofir.badash@gmail.com

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

For further information concerning this matter, please call:

OFIR DABASH

954 806-0466
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

NGL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 07/21/2015 and assigned Florida document number ~~1112000105621~~ L12000105621

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:

8320 W. SUNRISE BLVD. STE 207.

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION, FL 33322

Enter new mailing address, if applicable:

8320 W. SUNRISE BLVD. STE 207.

(Mailing address MAY BE A POST OFFICE BOX)

PLANTATION, FL 33322

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:

OFIR DABASH

New Registered Office Address:

8320 W. SUNRISE BLVD. STE 207.

Enter Florida street address

PLANTATION

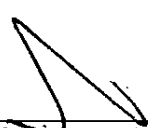
City

Florida 33322

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	OFIR DABASH	8320 W. SUNRISE BLVD. #207	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEN ELI DABASH, MALKA REN	3621 N 53 AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NETANEL BEN ELI	3621 N 53 AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TEMERIA SYLVIA BROWN	8320 W. SUNRISE BLVD. #207	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<u>Daniella Roland</u>	8320 W. SUNRISE BLVD. #207	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 07/01/2016 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated July 19, 2016

Signature of a member or authorized representative of a member

OFIR DABASH

Typed or printed name of signee