#L 12000130159

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12 OCT 24 AM II: 29
SECRETARY OF STATE
FOR AMASSEF FLORIDA

K. SALY EXAMINER OCT 2 5 2012

COVER LETTER

	gistrátion Section vision of Corporations					
SUBJECT:	GIL PROPERT	ES LLC				
	Name of Limited Liabilit	Name of Limited Liability Company				
The enclose	d Articles of Amendment and fee(s) are submitted for	ĭling.				
Please return	n all correspondence concerning this matter to the follow	wing:				
	•	SHWARTZ				
	Name	of Person				
	•	I HOLDINGS, INC.				
	Firm	'Company				
		37TH STREET				
	A	ddress				
	MIAMI	FL 33180				
	City/State	and Zip Code				
	E-mail address: (to be used to	r luture annual report notifical	tion)			
For further i	information concerning this matter, please call:					
	YARON SHWARTZ Name of Person)_ Area Code & Daytime T	elephone Number			
Enclosed is	a check for the following amount:					
₽ \$25.00 F	Certificate of Status Cer	00 Filing Fee & tified Copy ditional copy is enclosed)	\$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

FILED.
12 OCT 24 AM II: 29

GIL PROPERTIES 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 L12000130159

10/12/2012

and assigned

Florida document number

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 end with 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
MGR	SEVEN HEAVEN HOLDINGS, INC.	2330 N.E. 187TH STREET MIAMI FL 33/80	_☑ Add _☐ Remove		
MRGM	GILAD KLINER		Add Remove		
			_ Add _ Remove		
			_ Add _ Remove		
			_□Add _□Remove		
			Add Remove		
D. If amend	ling any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)		
Dated _	OCTOBER 17	_, 2012			
		SHVANTE SEVEN HEAVEN HOLDINGS INC of a member or authorized representative of a member			
	_	WARTZ SEVEN HEAVEN HOLDINGS INC			

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00