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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From;

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : 120090000072 Phone

: (954) 389-0729

: (954) 337-8346

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HAIM BIBI 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 10/19/2012 and assigned Florida document number L12000133729	i
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 abbre "L.L.C."	viation
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)	
R if amonding the registered opent and/or registered office address on our records, enter the name of th	e nev

New Registered Agent's Signature, if changing Registered Agent;

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida .

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and	i address of each Managey
or Managing Member being added or removed from our records:	

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	MARIA LUCIA SAJON	967 MARINA DRIVE	Add
		WESTON FL 33327	Remove
			Add
			Remove
-			
			Remove
		The second secon	Q
			SECULOR REMOVE REMOVE 22
			2 AH
			Remove
			Add
			Remove

D. If ame	nding any other information, cuter change(s) here: (Attach additional sheets, if necessary.)		
-			
_			
,			
-			
Dated	NA I		
Signature of a member or authorized representative of a member MARIA LUCIA SAJON			
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