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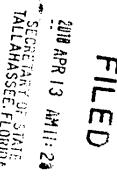
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Sarah Z. Des	Name of Limited Liability Company		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		Sarit M Zohar		
			Name of Person	, <u>, , , , , , , , , , , , , , , , , , </u>
		Sarah Z Designs LLC		
			Firm/Company	
		18986 W. Dixie Hwy		
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Address	
		Miami Fl 33180		
			City/State and Zip Code	
		Sarah@Sarahzdesigns.com		
			to be used for future annual report notifi	cation)
For further in	iformation co	neerning this matter, please ea	all:	
Sarit Zohar			305 906-5500 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

Sarah Z designs LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L12000141031	were filed on Nov. 7th 2012	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	 lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Nailing address MAY BE A POST OFFICE BOX		
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here	fice address on our records, <u>ente</u> <u>e</u> :	r the name of the
Name of New Registered Agent:		
New Registered Office Address:		AH CHAR AH
	Enter Florida street address . Florida	APR 13 MAHASSEE, FL
	City	The Care IT
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further a performance of my duties, and I am	gree to mply with a familiar with and

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>	Type of Action
MGR	Eyal D Zohar	18986 W. Dixie Hwy	■ Add
		Miami FL 33180	Remove
			☐ Change
			Add
			Remove
			□ Change
		-	
			Remove
		***************************************	Change
			□ Add
			☐ Remove
			☐ Change
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	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	g.) Pursuan	t to 605.0	020
an effec	the date inserted in this block does not meet the applicable statutory filing requirements, this date	: WIII HOI	be listed	u a:
<u>ote:</u> If	t's effective date on the Department of State's records.			
<u>ote:</u> If	is effective date on the Department of State's records.			
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Page 3 of 3

Filing Fee: \$25.00