L12000149439

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

	gistration Sec vision of Corp			
SUDIFCT	WILSHIRE	719 LLC		
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Harold M. Garber		
			Name of Person	
		HAROLD M. GARBER, F	P.A.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2999 NE 191 St #900		
		-	Address	·
		Aventura, FL 33180		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		hmgarber@belisouth.net		
		E-mail address: (i	to be used for future annual report notific	eation)
For further	information co	ncerning this matter, please ca	ill:	
Harold M.	Garber		305 937-4045	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing 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 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

WILSHIRE 719 LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited l	ny as it now appears on our record Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited L Florida document number L12000149439	iability Company	were filed on November 29, 20	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	"Or the abbreviation "L.L.C."
Enter new principal offices address, if appli		4105 Del Mar Trails Road	
(Principal office address MUST BE A STREET ADDRESS)		San Diego, CA 92130	2011 SE TAL
7 8777-0			SE SE
Enter new mailing address, if applicable:		4105 Del Mar Trails Road	SS I para
(Mailing address MAY BE A POST OFFICE BOX)		San Diego, CA 92130	The state of the s
			0: 36
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the name of the new
Name of New Registered Agent:	ACHIAZ OZ		
New Registered Office Address:	3032 E Comme	ercial Blvd #120	
		Enter Florida street addres	ss
	Ft Lauderdale	, Fl	orida <u>33308</u>
		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 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>	Type of Action
MGR	JERRY KAO	4105 Del Mar Trails Road	■ Add
		San Diego, CA 92130	□ Remove
			Change
MGR SHLOMO ATTAS	SHLOMO ATTAS	1300 Miami Gardens Dr	□ Add
		Miami, FL 33179	■ Remove
			Change
MGR	MGR LEA LILY ATTAS	3032 E Commercial Blvd #120	
		Ft Lauderdale, FL 33308	Remove
			□ Change
MGR	MGR ACHIAZ OZ 3032 E Commercial Blvd #120 Ft Lauderdale, FL 33308	3032 E Commercial Blvd #120	
		Ft Lauderdale, FL 33308	Remove
			Change
			Add According to the second s
			SSO Change
			© S □ And S S S S S S S S S S S S S S S S S S S
			□ Change

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(If an effect <u>Note:</u> If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of file the date inserted in this block does not meet the applicable statuto the date inserted in the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
documen	t's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective date, but not an effect of the record is filed.	ctive time, at 12:01 a.m. on the earlier of
Dated _	ugust 28 (2015	
	Quoron Om	SEC TALL
	Julio VIII	>× ×× ××
	Signature of a member or authorized repres	sentative of a member
	17	

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Filing Fee: \$25.00