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(Re	equestor's Name)	
(Ad	ldress)	
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## **COVER LETTER**

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TO: Registration So Division of Con					
	CAPITAL LLC				
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Yosef Y Kanner				
		Name of Person	<del></del>		
		Firm/Company	<u> </u>		
	PO Box 820				
Address					
	Hallandale FL 33008	1			
	y@floridastatetrust.c	City/State and Zip Code  om			
	E-mail address: (t	o be used for future annual report notificati	on)		
For further information	concerning this matter, please co	all:			
Yosef Kanner		717 467-1680			
Name (	of Person	at ()Area Code & Daytime Te	elephone Number		
Enclosed is a check for t	the 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

MISSRY CAPITAL LLC  (Name of the Limited Lize (A Fig.	ability Compar orida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liabi		12/04/2012	
This amendment is submitted to amend the following	ing:		
A. If amending name, <u>enter the new name of th</u>	e limited liabi	ility company here:	
The new name must be distinguishable and end with the L.L.C."	ne words "Limi	ted Liability Company," the designation "LLC" or the abbreviat	
Enter new principal offices address, if applicabl	ie:	6015 Washington Street	
(Principal office address MUST BE A STREET ADDRESS)		Suite 200	
		Hollywood, Florida 33023	
		200	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	· • <b>·</b>		
Muning address MAT BE A FOST OFFICE BO	<u>A)</u>	Ame a	
B. If amending the registered agent and/or registered agent and/or the new registered offic		fice address on our records, enter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:	6015 Wash	ington Street, Suite 200	
New Registered Office Address:		Enter Florida street address	
	Hollywood	33023	

#### 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.

City

Florida

Zip Code

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>	Address	Type of Action
MURN	DYC Group UK	Po Box 820	Add
		Hallandale FL 33008	Remove
			Add
			Remove
	<u> </u>		
		·	Remove
			alang a g and a sau
			Add Add
			Remove
······			Add
			Remove
			Add
			Remove

	•
۱_	Komulus,  Signature of a member or authorized representative of a member
	y Kamer
	Signature of a member or authorized representative of a member Yosef Y Kanner
	Typed or printed name of signee

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Filing Fee: \$25.00