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(Re	equestor's Name)	<u> </u>
(Ac	ldress) .	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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DNISON OF CORPORATIONS

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COVER LETTER

TO: R

Registration Section
Division of Corporations

Maymonlucky LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lou Manzella

Name of Person

Florida Registration Services LLC

Firm/Company

6507 Doubletrace Lane

Address

Orlando, FL. 32819

City/State and Zip Code

info@propertyinvestmenthouse.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lou Manzella

407,489-4658

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

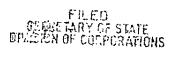
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Doi: 1011,103 101000 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



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Maymonlucky LLC		
(Name of the Limited Liability Compar (A Florida Limited L	!	
The Articles of Organization for this Limited Liability Company	were filed on December	b, 2012 and assigned
Florida document number L12000152727		
77.5		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Haim Laskov, 5 St.	
(Principal office address MUST BE A STREET ADDRESS)	Rehovot, Israel, 76654	
Enter new mailing address, if applicable:	Haim Laskov, 5 St.	
(Mailing address MAY BE A POST OFFICE BOX)	Rehovot, Israel, 766	54
reference (Co.)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
a ·	Enter Florid	a street address
Strong of the		Florida
	City	Zip Code

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

1. 1. 1. 1. 1.

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 Changing Registered Agent, Signature of New Registered Agent

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
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		Remove
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_{ed} December 21	2012
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Lou Manzella	ature of a member or authorized representative of a member
	Typed or printed name of signee Page 3 of 3
	Filing Fee: \$25.00
and established the	

w.Bech

La.j.:.

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