L12000158582

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STAIL

JUN 1 3 2013

T. HAMPTON

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: EHFT	INVESTMENTS, L	LC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Datan Dorot		
		Name of Person	
	Dorot & Bensimo	n PL	
		Firm/Company	·
	2775 Sunny Isles	s Blvd Suite 118	
		Address	-
	North Miami Bea	ich, FL 33160	
		City/State and Zip Code	
	info@dorotbensi		
	E-mail address: (o be used for future annual report notificat	ion)
For further information c	oncerning this matter, please c	all:	
Datan Dorot		at (305)921-9421	
Name o	f Person	Area Code & Daytime To	elephone 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EHFT INVESTMENTS, 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 Liab Florida document number L12000158582	ility Company were filed on 12/19/2012	and assigned SECRE TO SECRETARIZED TO SECR
This amendment is submitted to amend the follow	ing:	N 13
A. If amending name, enter the new name of the	ne limited liability company here:	OF STATE
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
_	, Flor	
	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 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 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
MGRM	BAYLES, YARDEN	1329 Alton Road	Add
		Miami Beach, FL 33139	Remove
			Add Remove
			Add
			REVISION OF COLOR OF RIVERNS 13 JUN 13 AN 11: L
			Add Remove
			Add
			Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
ated	C/4/2013.
	Signature of a member or authorized representative of a member ERIC HARARI
	Typed or printed name of signee

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Filing Fee: \$25.00

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