Division of Corporations

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Division of Corporations

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From:

Account Name

: GILMAN CIOCIA INC.

Account Number : I20120000051

: (305)937-7773

Phone Fax Number

: (815)301-2007 29/8

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **D.O.S. 13 LLC**

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13000022994

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July 7, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

D.O.S. 13 LLC 10561 NW 18TH DRIVE PLANTATION, FL 33322US

SUBJECT: D.O.S. 13 LLC REF: L13000022994

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II Registration Section FAX Aud. #: H16000123752 Letter Number: 216A00013705

2016 JUL -8 AM 9: 4.6
8: CREACH NOTE OF TABLE

16 JUL -8 AM 8:50
SECRETANGOT STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.O.S 13 , LLC					
(<u>Name of the Limited Li</u> x (A Flo	ibility Company as it now appears on our recor orida Limited Unability Company)	<u>'dş.</u>)			
The Articles of Organization for this Limited Liabilit	y Company were filed on 02/13/2013	and assigned			
Florida document number L13000022994					
This amendment is submitted to amend the following	z :				
A. If amending name, enter the new name of the	limited liability company here:				
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		,			
Principal office address MUST BE A STREET AL	DDRESS)	SEC VEC			
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Enter new malling address, if applicable:		no 🕦 m			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	Po ∞ ♥			
		7>			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our record address here:	ds, enter the name of the ne			
Name of New Registered Agent:	YIFAT KACHLON				
New Registered Office Address:					
	Enter Florida street address				
		lorida			
	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

Title	Name	Address		Type of Action
MGR	GILLI YOSEF	10561 NW 18th DRIVE		□ Add
		PLANTATION, FL, 33322		■ Remove
				Change
AMBR	YIFAT KACHLON	10561 NW 18th DRIVE		= Add
		PLANTATION, FL, 33322		Remove
	·			Change
AMBR	AVRAHAM KACHLON	10561 NW 18th DRIVE		Add
		PLANTATION	\	□ Remove
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Dated _	JUNE 27		2016				
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		Signature	of a member or auth	orized representative	of a member		5/1775 2
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		····	YIFAT KACI				- (T
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