

L130000024158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

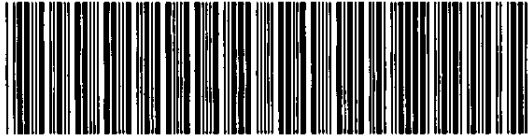
(Business Entity Name)

(Document Number)

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FILED  
14 DEC 29 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 31 2014  
T. BROWN

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CaravelREM 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:

Itzhak Hayon  
Name of Person

Firm/Company

1940 Harrison St SUITE 200  
Address

Hollywood, FL 33020  
City/State and Zip Code

zahihayon@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Itzhak Hayon at ( 786 ) 4196985  
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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2014

ITZHAK HAYON  
1940 HARRISON ST STE 200  
HOLLYWOOD, FL 33020

SUBJECT: CARAVELREM LLC  
Ref. Number: L13000024158

RECEIVED  
14 DEC 29 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for CARAVELREM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown  
Regulatory Specialist II

Letter Number: 114A00025686

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
14 DEC 29 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CaraveIREM 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 Liability Company were filed on 02/15/2013 and assigned  
Florida document number L13000024158

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1940 Harrison St Hollywood SUITE 200, FL 33020  
(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: 1940 Harrison St Hollywood SUITE 200, FL 33020  
(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Nissim Mishan

New Registered Office Address: 1940 Harrison St FL SUITE 200  
*Enter Florida street address*

Hollywood, Florida 33020  
*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|-------------|-----------------------------|--|
| MGRM         | SIMHI SHAI  | 499 E SHERIDAN ST SUITE 205 | <input type="checkbox"/> Add               |
|              |             | DANIA BEACH, FL 33004       | <input checked="" type="checkbox"/> Remove |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee