Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : QAZ TAX,LLC Account Number : I20130000008 Phone : (954)272-8563 Fax Number : (888)308-9722

Fax Number : (888)308-9722

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

Email Address:

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION ZIV PROPERTIES LLC

Certificate of Status	1	]	2619	
Certified Copy	0	<u> </u>	8	-[-]
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OCT 2 - 2019

m: Paz Shoham	Fax: 18883089722	Ta:	Fax: (850) 617	-6383	Page: 3 of 6	10/28/2019 2:38 F
.•	r.	C	OVER LETTER	<b>13.</b>	. <b>*</b>	•
TO: Regis	stration Section			(((H	19000316277	" 3)))
2	LIV PROPERTIES LLC					
SUBJECT: _		Name of Limite	d Liability Company			
The enclosed	Articles of Amendment ar	nd fee(s) are subm	itted for filling.			
	ill correspondence concer					
	МІСНА М	ORETZKY				
			Name of Person			
	PAZ TAX	LLC				
			Firm/Company			
	340 S Lem	on Ave #7090N				
			Address			
	Walnut, CA	¥ 91789				
	micha@paz	tax.com	City/State and Zip Code			
		E-mail address: (to	be used for future annual re	port notification	on)	
For further int	formation concerning this	matter, please cal	:			
PAZ SHOHA	M / MICHA MORETZK	Ϋ́	954 272- at ( )	8563		
	Name of Person	<u> </u>	Area Code	Daytime Tele	ephone Number	<del></del>
Enclosed is a	check for the following ar	nount:				
■ \$25.00 Fi	ling Fee □ \$30.00 F	filing Fee & cate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		☐ \$60,00 Filing Certificate of Certified Cop (additional copy	Status &
	MAILING ADDRES	ee.	STREET	COURIER .	ADDRESS:	

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

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

From: Paz Shoham

Fax: 18883089722

Fax: (850) 617-6383

Page: 4 of 6

10/28/2019 2:38 PM

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILL CTON

	FILED
ZIV PROPERTIES LLC	
(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	nr recorde B CC1 28 E 3: B1
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/18/20}{12000025094}$	and assigned TALLAHABBLE FLORIDA
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 contain the words "Limited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (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 no
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida st	rees address
	, Florida Zip Code
	Др C.ode
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chap	luties, and I am familiar with and 🥏

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

rom	: Pa	z Sh	madic

Fax: 18883089722

To:

Fax: (850) 617-6383

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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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ayelet Neuman Ziv	7 Rupin St. Rehovot 7634507, Israel	
			☐ Remove
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
<del></del>			Add
			Remove
			Remove
			☐ Change
			Add
			Remove
			Change

D. If au	mending any other information, enter Adding a new member to the partnership	change(s) here: (Attach additional shee	ets, if necessary.) (((H190003162773)))
	Title: Member		
	Name: Ayelet Neuman Ziv		
	Address: 7 Rupin St, Rehovot 7634507, I	srael	
	Type of Action: Add		
		4, 44	
		4444 <u> </u>	<del></del>
			<u> </u>
		10/28/2019	(optional)
(If an Not	te: If the date inserted in this block does no	and carnot be prior to date of filing or more than 9 or more than	O days after filing.) Pursuant to 605.0207 ( ements, this date will not be listed as t
If the (b) T	record specifies a delayed effective he 90th day after the record is file	e date, but not an effective time, a ed.	t 12:01 a.m. on the earlier of:
Dat	october 28	2019	
15		(Ames M)	
	Signature o	f a member or authorized representative of a men	nber
	AMOS ZIV, MEMEBER-MANAC	ner	
		Typed or printed name of signee	

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Filing Fee: \$25.00