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PICK-UP	☐ WAIT	MAIL
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- (Bu	isiness Entity Nan	ne)
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(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: M. J. H. I. S. HOLDINGS 2013 UCC 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:
ICEREN ADMONI ESQ. Name of Person ICEREN SAPAN P. A. Firm/Company
Firm/Company
80A3 TWIN LALE DRIVE
BOCA RATON R 33496 City/State and Zip Code [CEREN O KSAPAN LAW. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (S61) S42-6725 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sim \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\sim \text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



8042 Twin Lake Drive Boca Raton Florida 22496 USA 001-561-\$426725 | keren@tsapanlaw.com רתוב ורובבל 13, חיפה | 054-9499579

December 1, 2015

Registration Section

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

Re:

M.J.H.I.S. HOLDINGS 2013, LLC

L13000049042

To whom it may concern,

Please find enclosed the following:

- 1. LLC Amendment form together with \$25 filing Fee;
- 2. Dissociation/Resignation of Member forms together with \$50.00 filing fee

Please update the Company's records accordingly.

Thank you in advance for your service.

Silicator

Encls.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

$\underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} $	HUCDING	201	3 <u>LLC</u>		
(<u>Name</u> of the <u>Limited</u> (A	Liability Company Florida Limited Lia	y <u>as it now appears</u> ability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L</u> 13 00004	ility Company w			o/5 and a	ssigned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ie limited liabili</u>	ty company her	<u>·e</u> :		
The new name must be distinguishable and contain the word	ls "Limited Liability				
Enter new principal offices address, if applicab	le:	7800	CONGRE 206 RAFTON A	ESS AL	<u>E.</u>
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	<u>Sui To</u>	= 206		
		BOCA	RATION A	- 334	18
·					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			· -,	
B. If amending the registered agent and/or	registered offi	ce address on	our records, <u>en</u>	ter the nam	e of the new
registered agent and/or the new registered offic	e address here:				
	1,-0-		A O A		
Name of New Registered Agent:	<u>ICEREI</u>	<u>n</u> Shy	+N P.A	<u> </u>	
New Registered Office Address:	8043	TWIN	CAICE I	SR	
		Enter Florid	da street address		
_	BOGA	RATON	, Florida	.f. 3	3496
		City	-	Zip Cod	2
New Registered Agent's Signature, if changing Reg	istered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete po red agent as pro istered office ac	erfo <mark>rm</mark> ance of n ovided for in Cl	ny duties, and I d hapter 605, F.S.	am familiar w Or, if this do	ith and cument is
		/,	/ ~	4	
			10,0	22	
	If Changi	ng Registered Age	ht, Signature of New	w Registered'Ab	ent room
	Page 1 o	of3 (<i>i</i> /	EC 14	paran-

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 = Auti	norized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	M.J.H.i.S. HOLDINGS 2013, LLC	3030 N. ROCKY POINT DR SLITE ISOA TAMPA FL 336	□ Add
		Source 150th Thimph 12 320	□ Change
AMBR	MEIR ISRAELI	12 POALEI HARAKEUET	X Add
		GIVATAIM, ISRAEL	□ Remove
			Change
HMBR	YAKKOU BLITSHTEIN	J 48 MAIN ST.	X Add
		MISGAU DOU, ISRAEL	Remove
			Change
 	·		_□ Add
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te: If the date inserted	in this block does not	ng:	filing or more than 90 days story filing requirements	optional) after filing.) Pursuant to 605 this date will not be liste
te: If the date inserted cument's effective date	in this block does not on the Department of delayed effective	t meet the applicable statu f State's records. e date, but not an eff	tory filing requirements	, this date will not be liste
te: If the date inserted cument's effective date record specifies a he 90th day after	in this block does not on the Department of delayed effective the record is filed	meet the applicable statu f State's records. date, but not an eff	tory filing requirements	, this date will not be liste
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te: If the date inserted cument's effective date record specifies a he 90th day after	delayed effective the record is filed	meet the applicable statuers records. date, but not an effect. 2015.	ective time, at 12:	, this date will not be liste
te: If the date inserted cument's effective date record specifies a he 90th day after	in this block does not on the Department of delayed effective the record is filed	meet the applicable statuers records. date, but not an effold. 2015 a member or authorized repr	ective time, at 12:	this date will not be listed
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