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SECRETARY OF STATE
TALLAHASSEE, FLORID.

COVER LETTER

TO;	Registration Se Division of Cor		The state of the s	
CUDIE		ntures LLC		
SUBJE	CI:	Name of Limit	ed Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Yosef Y Kanner		
		-	Name of Person	
			Firm/Company	
		3121 W Hallandale F	Beach Blvd., Suite 102	
			·	
		Hallandale FL 33009	Address	
		y@floridastatetrust.c	City/State and Zip Code om	
		E-mail address: (to	o be used for future annual report notificati	
For furt	her information c	oncerning this matter, please ca	all:	
Yosef	Kanner		717 467-1680	IAR)
	Name o	f Person	Area Code & Daytime Te	lephone Number
Enclose	d is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tirza ventures LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Compan	04/09/2013		and	assigned
Florida document number L13000052310	y were med on		u	ussigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company," the desi	gnation "LL	C" or t	the abbreviat
Enter new principal offices address, if applicable:		(:		
Principal office address MUST BE A STREET ADDRESS)		TAE	<u></u>	
		AC	يع	77
		IAS		PRODUCE (Western
Enter new mailing address, if applicable:		SE S	~	
(Mailing address MAY BE A POST OFFICE BOX)		OF STATE	22£	111
		OR TA		O
		Dini	63	- · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		, <u>enter th</u>	e nam	e of the n
Name of New Registered Agent:				
New Registered Office Address:	 			
	Enter Florida street address			
		orida	7:	Yo do
	City		Zip C	oae

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	Weintraub, Shemuel	PO Box 820	Add
		Hallandale FL 33008	Remove
MGRM	Weintraub, Ruth	PO Box 820	Add
		Hallandale FL 33008	Remove
MGRM 	Jaswon, Eliezr	PO Box 820	
		Hallandale FL 33008	Remove
			3 JUL 2 Add
			Add Remove
			Add
			Remove
			Add
			Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• •	
-	
-	
	
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Dated	, <u></u> ,
	Ykamer
	Signature of a member or authorized representative of a member Yosef Y Kanner
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

