# 113000053379

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J. SAULSBERMY EXAMINER

JUL 15 2013

# **COVER LETTER**

TO: Registration So Division of Con		
SHIREL	BEN HARROUSH LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondent	ondence concerning this matter to the following:	
	Mordechai Feinstein	
	Name of Person	
	Firm/Company	
	16710 NE 9th Avenue, Suite 802	12
	Address	
	North Miami Beach, FL 33162	
	City/State and Zip Code  Mordy281@yahoo.com	2013 JUL 12 AM 10: 00
	E-mail address: (to be used for future annual report notification)	—— 「See 5.0 5.0 7.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information of	concerning this matter, please call:	500
Mordechai Feinste		
Name o	of Person at ()  Area Code & Daytime Telephon	e Number
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status 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 ARTICLES OF ORGANIZATION **OF**

## SHIREL BEN HARROUSH LLC

ARTIC	CLES OF O	RGANIZATI F	ON E	
		_		
SHIREL BEN HARROUSH L	LC			
(Name of the Limited I	Liability Compai Florida Limited L	ny as it now appear liability Company)	on our records.	
The Articles of Organization for this Limited Lia Florida document number L13000053379	ibility Company	were filed on 04/	1/2013 and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<b>:</b>	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ıy," the designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		16710 NE 9th Avenue, Suite 802		
		North Miami Beach, FL 33162		
Enter new mailing address, if applicable:		16710 NE 9th	Avenue, Suite 802	
(Mailing address MAY BE A POST OFFICE BOX)		North Miami Beach, FL 33162		
B. If amending the registered agent and/or registered agent and/or the new registered off			ur records, <u>enter the name of the nev</u>	
Name of New Registered Agent:	Mordechai i	einstein		
New Registered Office Address:	16710 NE 9th Avenue, Suite 802			
		Ent	er Florida street address	
	North Miam	i Beach	, Florida 33162	
		City <sup>,</sup>	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 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 Changing Registered Agent, Signature of New Registered Agent

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	·	
-		
-		
	Signature of a member or authorized representative of a member	
	prehoten	
	Typed or printed name of signee	

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Filing Fee: \$25.00

2013 JUL 12 AM 10: 00