

10/31/2013 16:33 FAX

Division of Corporations

LEOPOLD KORN LEOPOLD SNY

12001/014

Page 1 of 2

# L13000063339

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H13000242351 3)))



H130002423513ABCV

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : I20010000025  
Phone : (305) 935-3500  
Fax Number : (305) 935-9042

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

**Email Address:** \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TZAHAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
13 OCT 31 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
13 OCT 31 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TZAHAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
13 OCT 31 AM 8:31  
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/30/2013 and assigned Florida document number L13000063339.

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:

(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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

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 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCELO MROZ	19900 E COUNTRY CLUB DR., #220	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
MGR	SILVIA M STEFONI MROZ	19900 E COUNTRY CLUB DR., #220	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
MGR	J. RACHEL MROZ	20533 BISCAYNE BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 4-488	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

12/31/2013 18:33 FAX

LEOPOLD KORN LEOPOLD SNY

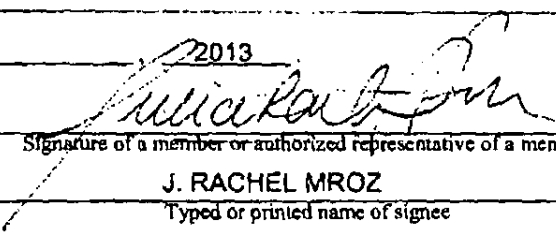
004/004

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 10-24

2013

  
Signature of a member or authorized representative of a member

J. RACHEL MROZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00