L13000078619

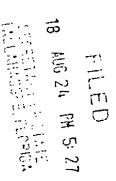
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COVER LETTER

Division of Co	orporations				
SUBJECT:	MAIMON MEIR AND M	IRIAM,LLC			
SUBJECT:	Name of Lin	nited Liability Company	.		
The enclosed Articles o	of Amendment and fee(s) are sub	unitted for tiling.			
Please return all corresp	oondence concerning this matter	to the following:			
		MEIR MAIMON			
		Name of Person			
		Firm/Company			
		2875 NE 191 ST #601			
		Address			
		AVENTURA, FL 33180			
	City/State and Zip Code LIORMYMON@WALLA.COM				
		to be used for future annual report notifi	cation)		
For further information	concerning this matter, please c	all:			
MEI	R MAIMON	239 810-1822 at ()			
Name	of Person		Telephone Number		
Enclosed is a check for	the following amount:				
S25.00 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAIMON MEIR AND M	MIRIAM LLC		
(Name of the Limited Liability Compan (A Florida Limited L.	i <mark>y as it now appears</mark> ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document numberL13000078619	were filed on	05/30/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de-	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			FILE 24 E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		r:	PH 5: 21
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of the no
Name of New Registered Agent:	·		
New Registered Office Address:	Enter Flori	la 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 605, 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 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	RINAT GAZIEL	2875 NE 191 ST #601	■ Add
		AVENTURA, FL 33180	Remove
			☐ Change
MGRM	ELIRAN MAIMON	2875 NE 191 ST #601	_ ■ Add
		AVENTURA, FL 33180	Remove
			☐ Change
MGRM	RAZ MAIMON	2875 NE 191 ST #601	
		AVENTURA, FL 33180	☐ Remove
			■ Change
MGRM	LIOR MAYMON	2875 NE 191 ST #601	Add
		AVENTURA, FL 33180	□ Remove
			☐ Change
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			PH 91 Change
			Remove
			Change

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n effective date is listed, t	he date must be specif	ic and cannot be pri-	or to date of filing c	ir more than 90 days a	fter filing.) Pursuant to 60 this date will not be lis)5,020 sted a:
cument's effective date	on the Departmen	t of State's record	ls.	mig requirements,	Will date will have the	
record specifies a The 90th day after	delayed effecti the record is fi	ve date, but r led.	ot an effectiv	e time, at 12:0	1 a.m. on the earl	ier o
ted		2018	·			
	M	ER MAIM	ON	tive of a member		

Page 3 of 3

Filing Fee: \$25.00