L13000087139

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(ridaless)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Sasmoss Emily Hamo)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
!	





800263254668

08/18/14--01033--007 **30.00

2014 SEP -2 P 1: 2U

B. BOSTICK

SEP - 3 2014

FRAMINER

COVER LETTER

TO:	Registration Section
	Division of Gorporation

MOZART CAFE BRACHA LLC

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:

MORIT ODIZ Name of Person MORTY ETGAR P.A Firm/Company 3363 NE 163RD ST STE 801 Address NORTH MIAMI, FL 33160 City/State and Zip Code MORITODIZ@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MORIT ODIZ Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fec & 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**

MOZART CAFE BRACHA, LL		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L13000087739	ompany were filed on <u>06/18/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		ing g
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ig p M
		S C
		शहर
B. If amending the registered agent and/or regist	tered office address on our records, ent	er the name of the nev
registered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Citv	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

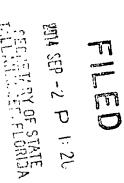
MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRACHA, EITAN	4433 STIRLING RD	Add
		DANIA BEACH, FL 33314	■ Remove
MGR	FROHLINGER, MICHAEL	4433 STIRLING RD	□ Add
		DANIA BEACH, FL 33314	■ Remove
MGR	FROHLINGER, STEVEN	4433 STIRLING RD	□ Add
		DANIA BEACH, FL 33314	■ Remove
MGR	PORGES BZ, MALKA	4433 STIRLING RD	 🖹 Add
		DANIA BEACH, FL 33314	□ Remove
		TOST OF STATE	SEPAdd Fragrand Fragr
			☐ Remove

If amending any other information, ente	er change(s) here: (Attach additional sh	eets, if necessary.)
. :		
Effective date, if other than the date of fi (The effective date must be specific, cannot be prior t the date this document is filed by the Florida Depart	o date of receipt or filed date and cannot be more	(optional) han 90 days after
Dated AUGUST 8		
S:		
LIOR HAZAN	of a member or authorized representative of a me	mber
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2014

MORIT ODIZ MORTY ETGAR P.A. 3363 NE 163RD STREET, SUITE 801 NORTH MIAMI, FL 33160

SUBJECT: MOZART CAFE BRACHA, LLC

Ref. Number: L13000087739

We have received your document for MOZART CAFE BRACHA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 414A00017842

SECULETA DE SIVIE