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(Re	questor's Name)	
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SECRETARY OF STATE

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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Pardes Real	Estate Fund LLC		
ochieci.		Name of Lim	nited Liability Company	
		Amendment and fee(s) are sub		
Please return	all correspor	ndence concerning this matter	to the following:	
		David Presser		
			Name of Person	
			Firm/Company	
		1791 Biarritz Dr		
			Address	
		Miami Beach, FL 33141		
			City/State and Zip Code	
		davidpresser77@gmail.com		
			to be used for future annual report notification)	
For further in	formation co	ncerning this matter, please ca	D '	~
David Presse	_			<u> </u>
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed is a	check for the	e following amount:	ت الله	L J
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Hilling Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Hilling Fee Certified Copy (additional copy is enclosed)	us &

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

Pardes Real Estate Fund LLC			
(Name of the Lim	ited Liability Compan (A Florida Limited L	y as it now appears on our recordability Company)	rds.)
The Articles of Organization for this Limited I Florida document number L13000091949	Liability Company v	were filed on 6/26/2013	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabil	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1791 Biarritz Dr Miami Beach, FL 33141	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	David Presser	:	ds, enter the Rame of the nev
New Registered Office Address:	1791 Biarritz Dr	C . C	<u> </u>
	Miami Beach	, F	lorida 33141—
		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 Sonature 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 **Title** Name <u>Address</u> Type of Action □ Add ☐ Remove _□ Change _D Add □ Remove _□ Change _□ Add □ Remove ☐ Change Add Remove Change Add <u>ھی</u> □ Remove ☐ Change

□ Add

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ective date, if other than the neffective date is listed, the date mete: If the date inserted in this becoment's effective date on the	block does not meet t	the applicable sta	of filing or more than atutory filing requi	: 90 days after f	ilin g 3 Pur	sua nti o 6 not- bl e li	05.020 sted as
record specifies a delaye The 90th day after the re	ed effective date, cord is filed.	, but not an e	effective time,	at 12:01 a.	m. on t	the ear	lier o
ted	, 20)15					
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	Signature of a memb	er or authorized re	presentative of a me	mber			

Page 3 of 3

Filing Fee: \$25.00