113000127729

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COVER LETTER

то:	Registration Se Division of Cor					
etin i	Ben Yakir I	Properties LLC				
SUBJ	ECT:		ited Liability Company			
		Amendment and fee(s) are sub	<u>-</u>			
Please	return all correspo	ndence concerning this matter	to the following:			
		Rita Jackman, Esquire				
			Name of Person			
		Powell, Jackman, Stevens	& Ricciardi, P.A.			
			Firm/Company			
		12381 S. Cleveland Avenu	e, Suite 200			
			Address			
		Fort Myers, Florida 33907				
			City/State and Zip Code	 		
		legal@your-advocates.org				
		E-mail address: ()	to be used for future annual report notif	fication)		
For fu	rther information co	oncerning this matter, please ca	ill:			
Rita J	ackman		239 689-1096			
	Name of	f Person	at () Area Code Daytime	e Telephone Number		
Enclos	sed is a check for th	e following amount:				
■ \$2	5,00 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:

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

Ben Yakir Properties LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	ey were filed on 9/10/2013 and assigned
Florida document number L13000127729	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	2018 TA
Principal office address MUST BE A STREET ADDRESS)	
	AAA 2
	SSE PH
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	7 29
B. If amending the registered agent and/or registered e egistered agent and/or the new registered office address he	
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 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>	<u>Name</u>	Address	Type of Action
MGR	Dan Ben Yakir	35 Yehuda Hayamit, Apt. 19	B Add
		Tel Aviv - Jaffa 6813441 Israel	
			☐ Remove
			Change
			Add
			□ Remove
		-	Change
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			Add
			□ Remove
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		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			□ Change

	
(If an et <u>Note:</u>	8/29/18 tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	November 29 2018
	-((()

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Filing Fee: \$25.00