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(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:
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T. Burch OCT 28 2013.

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Jand	E 75 Whave	d Liability Company	
The enclosed Articles of Ame		-	
Please return all corresponder	nce concerning this matter to	o the following:	
	Eli Dador	Name of Person	
_		Firm/Company	
-	17070 611	Address Suite 2	56
	Scong Isles Cert Date E-mail address: (to	Seach F1 - 33 City/State and Zip Code Sea Co bellsothing be used for future annual report notification	160 2+ ,
For further information conce			
Eli Dedor Name of Per	Son	at (<u>954) 614 54</u> Area Code & Daytime Tel	38 ephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee ⑤	\$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:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Wharehouse	LLC.,	
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it no rida Limited Liability Co	w appears on our recor empany)	<u>(ds.</u>)
The Articles of Organization for this Limited Liabili		10 10 16 201	3 and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability com	pany here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liabili	ty Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	4	
(Principal office address MUST BE A STREET A	DDRESS)		A Control of the Cont
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>		FILED OCT 25 PN 3 20 EIAAT GE STATE HASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida str	reet address
		. Flo	rido.
_	City	, r ioi	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 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
Title Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB,	Eli Dadon	17070 6/12 Auc	Add
		Surry Isles, Fl. 33156	Remove
MbR	Adak Investment and Management LLC	17070 Collins Avenue, Suite?	Add
	Management -	Sunny Isles Beach, Fl. 33160	Remove
MRL	Saimini Menta	100 South Pointe Drive Soute &	Add
		Miani Beach, Fl. 33139	Remove
<u>i</u> GRM	Jaimini Menta	100 South Dinte Drive Suite 80	Add
		Miani Beach Fl. 33139	
		I ALLA	Add
		Single File Company	Add
		FLORIDA	Kelliove
			Add
			Remove

10/21/13	
	Marile 1
	Signature of a member or authorized representative of a member
<u> </u>	Dadan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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