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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MIZNEY 200 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:
Osnat Hair
El-Ad National properties
12460 W. Atlantic Blvd.
City/State and Zip Code Oyair@eladnational. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Osnat Jar at 1994, 846-780 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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

MIZner 2	00 LLC	
(Name of the Limited Liabili (A Florid:	ty Company as it now appears on our rec a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 130001561</u>		2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u> The Monarch	ited liability company here: V Services LL(C 189
The new name must be distinguishable and contain the words "Lim		LLC" or the abbreviation "LLLC"
Enter new principal offices address, if applicable:		PH 33
(Principal office address MUST BE A STREET ADDI	RESS)	
		3."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the new
Name of New Registered Agent:	NRAI	
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	. Florida

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗀 Add
			□ Remove
			☐ Change
			□ Ade Remove
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Filing Fec: \$25.00