Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514

Phone

: (727)442-1200

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GISHOOR, L.L.C.

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4/17/2015

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GISHOOR, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 12, 2013 Florida document number <u>L13000158905</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , 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

MGR = Manager

AMBR = Authorized Member

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	ITZHAK POLANI	5093 Willow Pond Road	
		West Palm Beach, FL 33417	■ Remove
		_	
			☐ Remove
			
	·		Add
			□ Remove
			□ Add
			☐ Remove
			□ Remove

If amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
ffective date, if other than the date of filing: he effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
pated April 17 . 2015	
_ / (\)/\	_
Signature of member of authorized repr	esentative of a member
ALAN S. GASSMAN, AUTHORIZED REPRES	ENTATIVE
Typed or printed name of	fsignee

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Filing Fee: \$25.00