L13000175144

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

HAGSHAMA MANHATTAN 3 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:

RON ABRAHAM

Name of Person

KSDT & CO.

Firm/Company

9300 SOUTH DADELAND BLVD.

Address

MIAMI, FL,33156

City/State and Zip Code

RABRAHAM@KSDT-CPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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<u></u>,,305、670-3370

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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

FILED 2014 FEB 18 AM II: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

HAGSHAMA MANHATTAN 3 LLC

(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 Compa	any were filed on 12/19/20	13 and assigned
Florida document number L13000175144		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
HAGSHAMA MONTGOMERY 1 LLC		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ords, enter the name of the new
N B		
New Registered Office Address:	Enter Florida street ac	ldress
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compared to the pro	agree to act in this capacity.	I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager AMBR = Authorized Member Type of Action Title **Name Address** 9300 SOUTH DADELAND BLVD **MGRM** HAGSHAMA MANHATTAN 3 GOLD LLC □ Add SUITE 600 ■ Remove MIAMI, FL, 33156 9300 SOUTH DADELAND BLVD **MGRM** HAGSHAMA MANHATTAN 3 PLATINUM LLC □ Add SUITE 600 Remove MIAMI, FL, 33156 ☐ Add _□ Remove _□ Add ☐ Remove □ Add ☐ Remove

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)								
-									
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_									
-									
Effect	tive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after								
the dat	te this document is filed by the Florida Department of State)								
Dated	FEBRUARY 13 2014								
Daicu									
	saf								
	Signature of a member or authorized representative of a member								
	HANANIA SHEMESH								
	Typed or printed name of signee								

Page 3 of 3

Filing Fee: \$25.00

SUM FEB 18 AN II: 30