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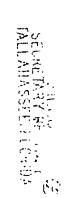
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COVER LETTER

| TO | | | | |
|--|-----------------------|---|--|--|
| CIII | DICCT | HASHKAAH LLC | | |
| SUI | вјест: | Name of Lim | ited Liability Company | |
| The | enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Plea | ase return all corres | spondence concerning this matter | to the following: | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MOSHE LANGER Name of Person HASHKAAH LLC Firm/Company 834 28TH AVE Address SAN FRANCISCO, CA 94121 City/State and Zip Code hashkaahllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MOSHE LANGER Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \Bigcircles \$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opyy (additional copy) is enclosed) Certificate of Status & Certificate Of Copy (continuous copy) is enclosed) | | | | |
| | | | Name of Person | Name of Person Firm/Company Address D. CA 94121 ty/State and Zip Code om used for future annual report notification) 415 987-8355 at (|
| | | ПАЅНКААН | LLC | |
| | | | Firm/Company | |
| | | HASHKAAH LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: MOSHE LANGER Name of Person HASHKAAH LLC Firm/Company 834 28TH AVE Address SAN FRANCISCO, CA 94121 City/State and Zip Code hashkaahllc@gmail.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: NGER Area Code 987-83.55 Area Code Daytime Telephone Number K for the following amount: Fee \$\Begin{array} \$ \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Copporations STREET/COURIER ADDRESS: Registration Section Division of Copporations | 834 28TH AVE | |
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| | | - - | | ication) |
| For | further information | | · | icanon, |
| | MOSHE LANGE | ER | | |
| | Name | e of Person | Area Code Daytime | Telephone Number |
| Enc | losed is a check for | r the following amount: | | |
| | \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Regi | stration Section | ubmitted for filing. er to the following: GER Name of Person H LLC Firm/Company AVE Address CISCO, CA 94121 City/State and Zip Code gmail.com St (to be used for future annual report notification) e call: at (15) 987-8355 at (Area Code) Daytime Telephone Number S555.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: Registration Section Division of Corporations | |
| | | | | ations |

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HASHKAAH LLC | | | |
|--|---|-----------------------------|---------------------|
| (Name of the Limited Liability (A Florida L | Company as it now appear imited Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability Cor | mpany were filed on | January 6th 2014 | and assigned |
| Florida document numberL14000002476 | -· | | - |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | ed liability company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the de | esignation "LLC" or the abb | previation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | 7 DEC |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 2 g |
| | | | PH 404 |
| | | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address | red office address on ss here: | our records, enter t | he name of the no |
| | <u> </u> | | į. |
| Name of New Registered Agent: | <u> </u> | - | |
| New Registered Office Address: | | | |
| | Enter Flori | da street address | |
| | the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) mitted Liability Company were filed on | | |
| | CHV | | zm 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> | <u>Address</u> | Type of Action |
|--------------|-----------------|----------------------------|----------------|
| AMBR | CABRAL, GILBERT | 2731 BLAIRSTONE RD APT#103 | |
| | | TALLAHASSEE, FL 32301 | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if necess | ary.) | _ |
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| Effective date, if other than the date of filing: | ng.) Pursuant to 60 | 95.0207 (3 ited as th |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m) The 90th day after the record is filed. | n. on the earl | ier of: |
| Dated | - | |
| Signature of a member or authorized representative of a member | | |
| MOSHE LANGER Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00