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COVER LETTER

	Registration Se Division of Cor						
elin ic <i>c</i>	Ronen Bic	kel, LLC					
Name of Limited Liability Company							
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Justin Zeig, Esq.					
			Name of Person				
		Zeig Law Firm, PLLC					
			Firm/Company				
		3475 Sheridan Street, Suite	2 310				
		Hollywood. FL 33021	Address				
		Justin@zeiglawfirm.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For furth	er information c	oncerning this matter, please ca	all:				
Justin Z	eig, Esq.		754 2173084				
 ·	Name o	of Person		Telephone Number			
Enclosed	is a check for the	he following amount:					
\$25.0	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:

TO:

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

Ronen Bickel, LLC						
(<u>Name of the Limited Liability</u> (A Florida Li	Company as Limited Liabil	it now appea ity Company)	rs on our recore	l <u>s.</u>)		
The Articles of Organization for this Limited Liability Con	mpany wer	e filed on 02	2/10/2014	<u> </u>	_ and assi;	gned
Florida document number £14000022847	_•					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ed liability	company h	<u>ere</u> :			
The new name must be distinguishable and contain the words "Limited	ed Liability C	ompany," the	designation "LL(or the abbrev	ciation "L.I	C."
Enter new principal offices address, if applicable:	_		_			
Principal office address MUST BE A STREET ADDRE	<u> </u>					
	_				2019 00	
Enter new mailing address, if applicable:				: .	130	1
Mailing address MAY BE A POST OFFICE BOX)	James 1					2-3
	_			<u>.</u>	P	
B. If amending the registered agent and/or registe		address o	n our record	s, enter the	<mark>uai)) ေ</mark> ည	of the ne
registered agent and/or the new registered office addre	<u>ess here</u> :					
Name of New Registered Agent:						
New Registered Office Address:						
		Enter Fl	orida street addre			
			_ F	lorida		

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Membe	Bickelim Family Revocable Trust	19604 Dinner Key Drive, Boca Raton, FL 33498	
			Remove
			Change
			Remove
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E. Effective date, if other than the Constitution of the date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be po ck does not meet the app	olicable statutory filing r		
f the record specifies a delayed b) The 90th day after the reco		not an effective tim	ne, at 12:01 a.m. on the	earlier of:
Dated October 10th	2019	·		
	1			

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Typed or printed name of signee

Filing Fee: \$25.00