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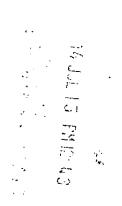
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COVER LETTER

TO:

Registration Section
Division of Corporations

TSHUVA INV GROUP LLC

SUBJECT:

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:

SHAI SIMHI

Name of Person

TSHUVA INV GROUP LLC

Firm/Company

3801 HOLLYWOOD BLVD #100A

Address

HOLLYWOOD, FL, 33021

City/State and Zip Code

SHAI@TSHUVAINVGROUP.COM

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

For further information concerning this matter, please call:

RON ABRAHAM

*..,*305<u>,</u>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)



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

(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L14000025766	y Company were filed on 02/14/2014 and assigned and assigned
This amendment is submitted to amend the following	g;
A. If amending name, enter the new name of the li	imited liability company here:
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:	3801 Hollywood blud loo ste
(Principal office address MUST BE A STREET AD	DRESS) HOllywood blud 100 ste
Enter new mailing address, if applicable:	3801 Hollywood blud 1005te
(Mailing address MAY BE A POST OFFICE BOX)	HO1/4WOO) 1 FC, 33021
registered agent and/or the new registered office a	egistered office address on our records, enter the name of the address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida, Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGRM	TALY DERY	3801 HOLLYWOOD BLVD 100STE	= Add
		HOLLYWOOD, FL, 33021	Remove
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famei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Effective The effection the date	we date, if other than the date of filing:
Dated _	July 10 2014 Shai Simhi
	Shai simhi
	Signature of a member or authorized representative of a member Shai Simhi
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00