Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001758243)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ror

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-B107

Fax Number

: (561)694-1639

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

Rmail	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EYAL ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$25.00

JUL 25 2016 A. LUIST

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYAL ENTERPRISE 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 Comp. Florida document number L1400030313	pany were filed on 02/21/2014 and assigned
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	I 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	s) 22
	<u> </u>
	2.7
Enter new mailing address, if applicable:	38.72
(Mailing address MAY BE A POST OFFICE BOX)	The state of the s
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
***************************************	, Florida
Nam Begistered Aroutie Simplement (School- The Joseph	City Zip 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 the Managers or Authorized Member on our records, enter the fitle, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR - Manager

AMBR - Authorized Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> 19900 E COUNTRY CLUB DR MGR COURNOYER, ROBERT AVENTURA, FL 33180 Remove □ Add _□ Remove □ Add □ Remove □ Add 🗖 Remove

S. If amending any other information, enter change(s) bere: (Attach additional sheets, if necessary.)	- -	
C. Effective date, if other than the date of filling:	-	
Sighature of a member or authorized representative of a member Angela Martin, Attorney-in-Fact		
Typed or printed name of signee	GALLAMASSEC FLOWER	2014 JUL 24 AM 11: 39

Page 3 of 3

Filing Fee: \$25.00