(Re	questor's Name)	
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NOV 04 2016

S. YOUNG

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO. : 12000000195	
REFERENCE : 289816 7994177	
AUTHORIZATION : 7994177	
COST LIMIT : \$ 25.00	
ORDER DATE : September 13, 2016	
ORDER TIME : 10:23 AM	TALL OF
ORDER NO. : 289816-015	16 NOV -3
CUSTOMER NO: 7994177	<u> </u>
DOMESTIC AMENDMENT FILING	15 NOV -3 AM 9: 04
NAME: SEFERJUDAICA, LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEPERJUDAICA, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company).	
The Articles of Organization for this Limited Liability Company of Plorida document number <u>L14000073737</u>	were filed on 05/06/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CHAVAI HANABI	1 SVATI
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the new SECRET
Name of New Registered Agent:		ASS ASS
New Registered Office Address:	Enter Florida street address	**************************************
	, Florida	<u> </u>
	City	Zio 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
			□ Remove
			☐ Change
		_ .	Add
			□ Remove
			□ Change
	***************************************		Add
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			Change
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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•		9: 0t	FLORIDA
Note: If t	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed at the date on the Department of State's records.	5,0207 (3)(b)	
the recor) The 90	d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlied that day after the record is filed.	er of:	
Dated	21/9/2016		
	Signature of a member or authorized representative of a member		
	Dr. Javiva V. Hijuelos, Member Typed of printed name of signee		

Page 3 of 3

Filing Fee: \$25.00