614000079420

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	<u>.</u>
(City/	/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doce	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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T. BUTCH AUG. L. 2019

COVER LETTER

TO: Registration Section

Division of Corporations

DIECT.

SAIDOF ENTERPRISE, LLC

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:

MOSHE RUBINSTEIN

Name of Person

MOSHE LAW FIRM, P.A.

Firm/Company

6100 HOLLYWOOD BLVD. SUITE 305

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

MOSHE@MOSHELAW.COM

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

For further information concerning this matter, please call:

MOSHE RUBINSTEIN

...954、9870040

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)

MAILING ADDRESS:

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

SAIDOF ENTERPRISE, LLC		
(<u>Name of the Limited Liat</u> (A Flor	oility Company as it now appears on coida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L14000079420</u>	Company were filed on MAY.	15, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		UG 15 PM
(Mailing address MAY BE A POST OFFICE BOX)		STATE O
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
	City	, Florida
	City	Zip Coae

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 title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name **Address Type of Action** PO BOX 545987 YAACOV SAIDOF MGR □ Add MIAMI BEACH, FL 33154 ■ Remove □ Add □ Remove □ Add □ Remove _□ Add ☐ Remove □ Add □ Remove

Effective date, if other than the date of filing: (optional The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)
Dated AUGUST 8 , 2014
Signature of a member or authorized representative of a member
MOSHE RUBINSTEIN

TA AUG IS PM 4: 4:
SEGRETARY OF STATE
FACEAHASSEE: FLORE

Page 3 of 3

Filing Fee: \$25.00