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TECRETARY OF STATE

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MAR 29 2017

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	rit Hem	ed LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	エバナ	Hemed	
		Name of Person	
		Firm/Company	
	13817 P.	ne VIlla La	ne
	Fort Mys	Address City/State and Zip Code FMB a) a mail be used for future annual deport notification	912
-	Beachwear E-mail address: (to	FMB a) amail be used for future annual deport notificati	(C O Y
For further information conc	erning this matter, please call		
Irit He	med_	at (239) 340 - 9	7784
name of Pe	ISOH	Area Code Daytime Tel	ephone Number
Enclosed is a check for the fo	ollowing amount:		
	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
- paoros miligros	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Irit Hemed	LLC	`		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r <u>records.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number 上口り00つ9616.	were filed on	16/20	14 and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
BeachwearFMB LLC The new name must be distinguishable and contain the words "Limited Liabil	lite Company " the decimati	on "I I C" on th	a abbreviation *1. I	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:		_		
(Principal office address MUST BE A STREET ADDRESS)	Fort M	yers	VILLA L	912
	<u> </u>			_
Enter new mailing address, if applicable:				-
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		records, <u>en</u>	ter the name	of the new
New Registered Office Address:				
New Registered Office Address.	Enter Florida stre	et address		
		. Florida	l	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I a r 605, F.S.	ım familiar witi Or, if this docu	h and ment is
			and a second	
If Chai	nging Registered Agent, <u>Si</u>	nature of Nev	v Registered Agen	<u> </u>
		32	2	
Page :	1 of 3		→ m m m m m m m m m m m m m	

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 = Aut	thorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Irit	Hemed	13817 Pine Villa Lare	🗗 Ádd
			Fort-Myers, FL 339	12 Remove
				Change
AMBR	Ilan	Dahan	13817 Pine Villa Lane	🗖 Add
			Fort Myers, FL 3391	Remove
	<i>,</i>			Change
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	e date, if other th	an the date		. 1	4 I to CCII			ung.) Pur	Suant to 605.02
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Filing Fee: \$25.00