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CRETARY OF STATE

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* COVER LETTER

TO:	Registration Se Division of Cor			
e110 11		stments 18, LLC		
SUBJI		Name of Lim	ited Liability Company	
Theten	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Israel E. Kopel		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Mazal Investments 18, LL	c ·	
			Firm/Company	
		1111 Kane Concourse, Sui	tc 214	
			Address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		Bay Harbor Islands, Florid	a 33154	
			City/State and Zip Code	
		uldocuments@gmail.com		
	•		to be used for future annual report noti	fication)
For fur	ther information e	oncerning this matter, please ca	all:	
Israel F	E. Kopel		305 867-1621	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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 OT ARTICLES OF ORGANIZATION **OF**

Mazal Investments 18, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as It now appears on ited Liability Company)	n our records.)
the Articles of Organization for this Limited Liability Com- lorida document number L14000097516	pany were filed on June 1	7, 2014 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	• (.*
he new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES		
·		
nter new mailing address, if applicable:	13322 SW 128 Stre	
Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 331	86
. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:		ir records, enter the name of th
Manie of New Registered Agent.		7, 1/2, 1
New Registered Office Address:	Enter Florida .	otuant addition
r	Emer Florida.	
·	City	, Florida
	Cina	Zin Coda
ew Registered Agent's Signature, if changing Registered Ag		Sip Code

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 limitad liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Reg

Page I of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removal from our records:

MGR = Manager

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
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		A CONTRACTOR OF THE CONTRACTOR	
If the date inserted in this block	April 27, 2017 especific and cannot be prior to date of filing of does not meet the applicable statutory firtment of State's records.	ling requirements, this date wil	I not be liste
	ffective date, but not an effective d is filed.	e time, at 12:01 a.m. on	the earlie
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Filing Fee: \$25.00