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SECRETARY OF STATE
TALLAHASSET, FLERING

COVER LETTER

TO: Registration S Division of Co	ection rporations				
SUBJECT:	ORG H	OLDING LLC			
<u></u>	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	KEDEM, ILAN				
		Name of Person			
	Firm/Company				
1423 SE 10TH STREET					
		Address			
CAPE CORAL, FL 33990					
	City/State and Zip Code				
	kw2722@gmail.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please of	·	· ,		
	EDEM, ILAN	ut (73-8667		
Name	of Person	Area Code & Daytime	Felephone 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)	Sectificate 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

Thereby 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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove _ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) September 18 2014 Dated ___ Signature of a member or authorized representative of a member **ILAN KEDEM** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00