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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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FILED 2015 SEP 28 A II: 29 SECRETARY OF STATE

> SEP 2 9 2015 **D. BRUCE**

COVER LETTER

Division of Corporations
SUBJECT: Dahan Properties 14C 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:
Nanct Mangel Name of Person
Dahan Properties LLC Firm/Company
1761 W Hillshoro Blvd #314
Deerfield Beach, Fr 33442
City/State and Zip Code Nanch Yealt & gmail. com E-mail address: (to be used for future armulal report notification)
For further information concerning this matter, please call:
Manc Mangel Name of Person at (954) 600 - 078 FT Area Code Daytime Telephone Number 22 &
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

DAHAN	PROPERTIES LLC	
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number	ility Company were filed on 9/11/2014 74	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, Enterence address here:	F C
	m _O	, III
New Registered Office Address:	Enter Florida street address Florida City	₹ D = Zip Code
	Cuiv	Zip 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, <u>e</u>	enter the title,	name, and	address of eac	h person	being	<u>added</u>
or removed from our records:				_		

MGR = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AVISHAI DAHAN	1761 W. Hillsboro Blvd #314 Doer-Field Bach, R 33442	Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
		P	
		SECRETARY TALLAHASSE	□ Remove
		SSEE. F	L Change
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ote: If the date	s listed, the date must inserted in this bloc	k does not m	nect the applica	ible statutory f	or more than 9 Iling require	0 days afte ments, th	er filing) P is date wi	ursuant to 605. Ill not be liste
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Filing Fee: \$25.00