44000154123

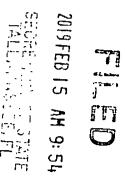
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(Address)					
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R. WHITE

COVER LETTER

TO: * Registration Section Division of Corporations

SUBJECT:		ERTIES LLC					
SOBJECT.		Name of Lim	nited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retur	m all correspo	ondence concerning this matter	to the following:				
		Michael D Wild					
		WFP Law	Name of Person				
	<u></u> Fim√Company						
		1250 S Pine Island Rd, Ste 200					
	. Address						
Plantation, FL 33324							
		mwild@wtplaw.com	City/State and Zip Code				
			to be used for future annual report notif	ication)			
For further	information c	oncerning this matter, please co	all;				
Michael D	Wild		954 944-2855 at ()				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed is	a check for th	ne 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

FILED

TBZ PROPERTIES LLC

company has been notified in writing of this change.

2019 FEB 15 AM 9: 54

(Name of the Limited Liability Company as it now appears on nurrecords.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/02/2014 and assigned Florida document number 1.14000154123 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 t

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	TAL BAR-ZVI LIVING TRUST	635 NE 11th Avenue	
		Ft Lauderdale FL 33304	
			☐ Remove
			☐ Change
MBR	YEHUDA BAR-ZVI LIVING TRUST	635 NE 11th Avenue	⊒ Add
		Ft Lauderdale FL 33304	■ Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change

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	.		
. Effective date, if other than the c	late of filing:	(optional)	
(If an effective date is listed, the date must	be specific and cannot be prior to date ook does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursu attutory filing requirements, this date will no	ant to 605,0207 (3 at be listed as th
o) The 90th day after the reco	rd is filed.	effective time, at 12:01 a.m. on th	e earlier of:
Pebruary 6	2019		
Dated February 6 Lal Manager	<u> </u>		
	Signature of a member or authorized re	epresentative of a member	
Tal Bar Zvi, Manager			
	Typed or printed name	of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00