# L14000/77065

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#### COVER LETTER

WALK IN

ENTITY NAME:_	Haashama	Brooklyn 12	Gold	LLC
	}	J.	_	
	1/00			

AMOUNT: 30f4 6500

PLEASE FILE THE ATTACHED AND RETURN:

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PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

### ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

HAGSHAMA BROOKLYN 12 G	OLD LLC	
	bility Company as it now appears on our records.) rida Limited Liability Company)	SSET S
The Articles of Organization for this Limited Liability	Company were filed on 11/14/2014	and assigned
Florida document number L14000177065		Sand assigned
This amendment is submitted to amend the following:		ŕ
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET AD)	DRESS)	**************************************
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		nter the name of the new
registered agent and/or the new registered office ac	idress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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

Zip Code

. If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HANANIA SHEMESH	9300 S. DAĐELAND BLVD, STE 600	□ Add
		MIAMI, FL 33156	LI AQQ
		MIAMI, FL 33130	⊠Remove
		<del></del>	Add
			Remove
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	H		FEB-5 Add FEFTOR STATE
			F S S D Remove
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			□ Add

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The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)  2015	(optional) be more than 90 days after
	be more than 90 days after

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