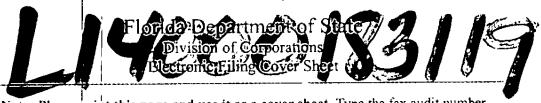
Division of Corporations



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Division of Corporations

Eax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## NELYA 0519, LLC

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Fm: Interstate Filings LLC To: NELYA 0519, LLC (18506176383) (((H17000325040 3)))

ARTICLES OF AMENDMENT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NELYA 0519, LL	.C	. <u></u>
(Nam	e of the Limited Liability Company as it now appears on our record (A Fiorida Limited Liability Company)	<u>(5.)</u>
The Articles of Organization for thi	s Limited Liability Company were filed on 11/26/2014	and assigned
Florida document number <u>L1400</u> 0	<u> </u>	
This amendment is submitted to am		
A. If amending name, enter the r	new name of the limited liability company here:	
JERUSALEM WORLD LIC		
The new name must be distinguishable an	d end with the words "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.U.C."
Enter new principal offices addre	ess, if applicable:	
(Principal office address MUST B	E A STREET ADDRESS)	<del></del>
		一 一
Enter new mailing address, if app	plicable:	<u> </u>
(Mailing address MAY BE A POS	T OFFICE BOX)	
		<u> </u>
	w <u>.</u>	95.1
B. If amending the registered	agent and/or registered office address on our record	ls, enter the name of the new
registered agent and/or the new	registered office address neve.	
St. (St. Designant	ALEKSANDR ZOLOTUSKIY	_
Name of New Registered	Agent:	
New Registered Office A	ddress: Enter Florida street addre	P38
		lorida Zip Code
New Registered Agent's Signature,	·	
		in ther goree to comply with the
provisions of all statutes relative	1 6 (10)	ind Fain jamiliar with and F.S. Or, if this document is hat the limited liability
	If Changing Registered Agent, Signatur	AND THE PRESENCE OF THE
	Page 1 of 3	
	* ***	

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Fm:Interstate F	ilings LLC	To:NELYN	0519,	ШC	(18506176383)

(((H17000325040 3)))
It amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member on our records:

	uthorized Member			Tame of Action
<u>l'itle</u>	<u>Name</u>	'	Address	Type of Action
MGR	NINEL MIZ	HBURSKAYA	16699 COLLINS AVE, APT. 2506	_D Add
			NORTH MIAMI BEACH, FL 3316	0 ■ Remove
MGRM	ALEKSANDR	ZOLOTUSKIY	16699 COLLINS AVE, APT. 2506	<b>=</b> Add
			NORTH MIAMI BEACH, FL 33160	Remaye
				012
MGRM	ISHAY A	LEX LEIBA	16699 COLLINS AVE, APT. 2506	Add 9
			NORTH MIAMI BEACH, FL 33160	
MGRM	ELIYAHU E	    BOTVINNIKQV	16699 COLLINS AVE, APT. 2506	— ■ Add
			NORTH MIAMI BEACH, FL 3316	_
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E. Effective date, if othe (the effective date must be sitte date this document is fi	r than the date of fil specific campot be prior to deg by the Florida Departs	nent of State)	(options cannot be more than 90 days after	ıl) '
Dated 12 / //		20/7:		
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