14/4/2014

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000280230 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GILMAN CIOCIA INC.

Account Number : I20120000051

Phone

Fax Number

: (305)937-7773 : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Effail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DAHABASH 26 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

LEC - PISIT T. HAMPTON

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FOEGORGYM HIH

OF

DAHABASH	26 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Name of the Limited Limited Limited Limited Limited (A. Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Colorida document number L14000185178	Company were filed on DEC-03-2014	and assigned
This amendment is submitted to amond the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "LL	C or the allow vintings [.1.C.
Inter new principal offices address, if applicable:		FG B TI
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		AM 7: 48
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the ne
Name of New Registered Agent:		مد د در ده میدند دین . میدونی پی دمینی مدادست
New Registered Office Address:	Emer l'Inrido street addres	Rs.
	, FI	orida
	City	Zij) 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

Page 1 of 3

4140002802303

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

MGR = Manager AMBR = Authorized Member		4140003803303	,
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHAY PROPERTIES LLC	1005 PARK CENTRE BLVD	
		MIAMI, FL 33169	D Remove
		/ <u></u>	
			□ Remove
			Add
			TALLAPE TALLAPE
· 			ETAPAda AH 18
•			
			□ Remove
			D Add
			П Remove
	$H14\alpha$	002803303	responsed the displacement of the control of the co

D,	. If amending any other information, ento	er change(s) here: (Attack	additional sheets, if necessary.)	
			H140002806	230,3
				•
		-		
				*/-
	——————————————————————————————————————			_
r	Trifonding data if all in the day of the			-4-
D.	Effective date, if other than the date of f (The effective date must be specific, cannot be prior the date this document is filed by the Plorida Depart	to date of receipt or filed date and timent of State)	d cannot be more than 90 days after	
	Dated DECEMBER 1	2014		
	Signature (of a member or authorized repro	senfative of a member	
	NIR DAHABASH, MGR			
		Lybed or build name of	signer	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

H140002802303