## L14000193539

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Fiorida 32301 (850) 224-8870 • 1-800-842-8062 • Fax (850) 222-1222

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2008 HOLLYV	VOOD BLVD REALTY LLC	
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		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitions Owner Search
_		Vehicle Search
		Driving Record
Requested by: SE	ГН	UCC 1 or 3 File
Name	Date Time	UCC 1- Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier
		r

Articles of Amendment
TO
ARTICLES OF ORGANIZATION
OF

2008 Hollywood E			
(Name of the Limited Liabil	lity Company as it now la Limited Liability Con	appears on our records.)	
	• • •		
The Articles of Organization for this Limited Liability (	Company were filed	on 12/19/2014	_ and assigned
Florida document numberL14000193539	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability comp	any here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Commany	" the designation "LLC" or the abbr	vistion "L.L.C."
·		,	
Enter new principal offices address, if applicable:			····-
(Principal office address MUST BE A STREET ADD)	RESS)		
	·	<del> </del>	
	•	* :	CP.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<u> </u>
STAULIS WAT BE A FOST OFFICE BOX	<del></del>		· ·
		<del></del>	
B. If amending the registered agent and/or registered	d office address on	one vocands outseths named	= -
agent and/or the new registered office address here:	d office addites on	our records, enter mic name o	THE HEAVIER DE
			こ
Name of New Registered Agent:			
Thind of the week following the first			
New Registered Office Address:	P	in Proceedings of the 1988 and	
	Enti	er Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered age being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performan gent as provided for	ce of my duties, and I am fam r in Chapter 605, F.S. Or, if t	iliar with and his document is
	If Changing Register	ed Agent, Signature of New Regist	red Agent
		1	•

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Elazar Aryeh	110-20 71 Road, Suite 110	DAdd
		Forest Hills, NY 11375	KIR cmove
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te: If the date inserted in thi	must be specific and cannot be r	prior to date of filing or more the plicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 6 airements, this date will not be li
cord specifies a delayed effe s filed.	ective date, but not an effecti	ve time, at 12:01 a.m. on the	earlier of: (b) The 90th day af
ed June	,,	21 . /	
X	ennet le	i i norizci representative of a r	

Filing Fee: \$25.00