L15000003409

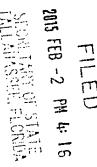
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COVER LETTER

	tration Secti on of Corpo			
SUBJECT:	ZOMO, LL	С		
SUBJECT: _		Name of Limite	ed Liability Company	
The enclosed A	Articles of Ar	nendment and fee(s) are subm	itted for filing.	·
Please return a	ll correspond	ence concerning this matter to	the following:	
		ZOHAR PINHASI		
			Name of Person	
			Firm/Company	
		2564 NE MIAMI GAR	DENS DR	
			Address	
		AVENTURA, FL 3318	30	
		ZOHAR@GOPCUSA	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notifica	tion)
For further inf	ormation con	cerning this matter, please cal	II:	•
2	ZOHAR P	INHASI	786 282-2821	
<u></u> ,	Name of F	erson	at ()	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fil	ing 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 2015 FEB -2 PN 4: 16

SECRETARY OF STATE TALLAHASSER, FLORIDA

ZOMO, LLC
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on JANUARY 6, 2015 and assigned Florida document number L15000003409
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 end with 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
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 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	ZOHAR PINHASI	2564 NE MIAMI GARDENS DR	Add
		AVENTURA, FL 33180	■ Remove
MGR	ZOHAR PINHASI	2564 NE MIAMI GARDENS DR	■ Add
		AVENTURA, FL 33180	Remove
MGR	MOSHE ELBILIA	509 LESLIE DR	
		HALLANDALE BEACH, FL 33009	Remove
AMBR	MOSHE ELBILIA	509 LESLIE DR	■ Add
		HALLANDALE BEACH, FL 33009	Remove
			Add
			□ Remove
			□ Add
			Remove

any other mid	rmation, enter change(s) here: (Attach additi	onal sheets, y necessary y
	•	
Effective date, if other than	g the date of filing:	(optional)
The effective date must be specific the date this document is filed by	•	be more than 90 days after
the date this document is filed by		be more than 90 days after
the date this document is filed by	the Florida Department of State)	be more than 90 days after
the date this document is filed by	the Florida Department of State)	be more than 90 days after
the date this document is filed by	the Florida Department of State) 2015 Signature of a member of authorized representative	be more than 90 days after
the date this document is filed by	Signature of a member of authorized representative ZOHAR RINHASI	be more than 90 days after
the date this document is filed by	the Florida Department of State) 2015 Signature of a member of authorized representative	be more than 90 days after
the date this document is filed by	Signature of a member of authorized representative ZOHAR RINHASI	be more than 90 days after
the date this document is filed by	Signature of a member of authorized representative ZOHAR RINHASI	be more than 90 days after
the date this document is filed by	Signature of a member of authorized representative ZOHAR RINHASI	be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

