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SECRETARY OF STATE

MAR - 6 2015 T. HAMPTON

COVER LETTER

TO:	Registration Sec Division of Corp			
CUBIC		ealth Management LLC		
SUBJE	.CI:	Name of Limi	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	idence concerning this matter t	to the following:	
		Neer David Hodorov		
			Name of Person	el de de la companya
		Magen Wealth Mana	igement LLC	
			Firm/Company	
		500 Brickell Ave. Eas	st Tower. STE 2000	
			Address	
		Miami, Florida 33131	1	
			City/State and Zip Code	
		neerhod@gmail.com		
		E-mail address: (t	o be used for future annual report notifica	ition)
For fur	ther information co	ncerning this matter, please ca	all:	
Neer	David Hodoro	v	at () 327-6658 Area Code Daytime T	
	Name of	Person	Area Code Daytime T	elephone Number
Enclose	ed is a check for the	e following amount:		
□ \$ 2:	5.00 Filing 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

Magen Wealth Management LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L15000010327	on January 7th, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and end with the words "Limited Liability Compan	y "the designation "LLC" or the abbreviation "LLC"
	75. TS
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	22 17
Enter new mailing address, if applicable:	I 0 5 L
(Mailing address MAY BE A POST OFFICE BOX)	TATE ORID
	ンドラン
B. If amending the registered agent and/or registered office address	ess on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
N. D. J. 1007	
New Registered Office Address:	ter Florida street address
	, Florida
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

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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Estrella Elbaz	742 TULIP CIRCLE	Add
		WESTON, FL 33327	■ Remove
			Add
			Remove
			Add
			Remove
			FEB 21-Add
			SECULTATION OF SHATE AND A SECULATION OF SHATE
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