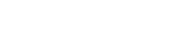
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	FLORIDA	A CITY JYA, LLC			
SUDJE.	CI	Name of Lim	ited Liability Company		
The-enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		LYDIA NOVOA			
			Name of Person	<u>.</u>	
		ROBERT A. BRAND	OT, P.A.		
			Firm/Company	·	
		696 NE 125TH STR	EET	型名 方	
			Address	国籍:	
		NORTH MIAMI, FL	33161	26	
			City/State and Zip Code		Ţ
٠		LYDIA@ATTORNEY	'BRANDT.COM to be used for future annual report notifi	cation) 2	
For furt	her information c	oncerning this matter, please c	·	Control of the second	
	A NOVOA	2 /.	305 981-3222		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclose	d is a check for tl	he following amount:			
\$25	.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)	
		ING ADDRESS:	STREET/COURIE		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDAY CITY JYA, LLC		
(Name of the Limited Liabi (A Florio	ility Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L15000020610 This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	·	3, 2015 and assigned
The new name must be distinguishable and end with the words "I	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 ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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>	Address	Type of Action
MGR	YORAM IZHAK	696 NE 125TH STREET	
-		NORTH MIAMI, FL 33161	■ Remove
MGR	Florida City Izhak, LLC	696 NE 125th Street	■ Add
		North Miami, Florida 33161	Remove
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-			以 22 28
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			□ Remove
			Remove
			
			□ Add
			□ Remove

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date of filing: not be prior to date of receipt or filed date and cannot b orida Department of State)	(optional) e more than 90 days after
2015	
, <u>2015</u>	
Signature of a member of authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00