

L15000073812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

NOV 09 2015  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OFRI REAL ESTATE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUY GOLDRAT

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6400 LONG STREET #31

\_\_\_\_\_  
Address

PENSACOLA FL 32504

\_\_\_\_\_  
City/State and Zip Code

GGOLDRAT@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUY GOLDRAT

225 8029663  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

OFRI REAL ESTATE LLC

Page 1 of 3

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

| <u>Title</u> | <u>Name</u>  | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|--------------|----------------------|--|
| MGR          | GOLDRAT GUY  | 6400 LONG STREET #31 | <input checked="" type="checkbox"/> Add    |
|              |              | PENSACOLA FL 32504   | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
| MGR          | GADASI ZOHAR | 6400 LONG STREET #31 | <input type="checkbox"/> Add               |
|              |              | PENSACOLA FL 32504   | <input checked="" type="checkbox"/> Remove |
|              |              |                      | <input type="checkbox"/> Change            |
| AMBR         | GADASI OFRI  | 6400 LONG STREET #31 | <input checked="" type="checkbox"/> Add    |
|              |              | PENSACOLA FL 32504   | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |

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 TALLAHASSEE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 15 2015

Signature of a member or authorized representative of a member

' GADASI ZOHAR

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA