

L15000078081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500280871255

01/19/16--01039--001 **75.00

FILED

2016 JAN 19 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FL 09101

K. SALY
EXAMINER
JAN 21

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: REUT 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:

KEREN ADMONI

Name of Person

KEREN SAPAN P.A.

Firm/Company

8043 TWIN LAKE DRIVE

Address

BOCA RATON, FL 33496

City/State and Zip Code

KEREN@KSAPANLAW.COM

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

For further information concerning this matter, please call:

KEREN ADMONI

Name of Person

561 5426725
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

REUT LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2016 JAN 19 PM 4:39

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 4, 2015 and assigned
Florida document number L15000078081.

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 contain 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KEREN SAPAN P.A.

New Registered Office Address:

8043 TWIN LAKE DRIVE

Enter Florida street address

BOCA RATON

City

, Florida 33496

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 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>
AMBR	NIR ITZHAKY	62 KESHET STREET	<input type="checkbox"/> Add
		REUT MODIIN, 7179902 ISRAEL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALON LYVNAT	33 KAKAL STREET	<input checked="" type="checkbox"/> Add
		KIRYAT TIVON, ISRAEL	<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

FILED
2016 JUN 19 PM 4:09
CLERK OF SUPERIOR COURT
FALL MASSE, FL ORIGIN

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

FILED
2016 JAN 19 PM 4:39
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

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 **JANUARY 07**, 2016

N. Itzhaky

Signature of a member or authorized representative of a member

NIR ITZHAKY

AUTHORIZED MEMBER, MANAGER

Typed or printed name of signee