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(Address)		
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(Document Number)			
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S. WARREN
JUL 0 7 2017

COVER LETTER

Division of Cor			
REUT LLC SUBJECT:			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Harvey Ackerman		
		Name of Person	
	HZA Ltd.		
		Firm/Company	
	24 Agassi Street		
		Address	
	Jerusalem , Israel 9387724		
		City/State and Zip Code	
	tackerman613(a)gmail.com	to be used for future annual report notif	icerton)
For further information c	concerning this matter, please co		(Catom)
Harvey Ackerman		917 475-0418	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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)

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					
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)				
The Articles of Organization for this Limited Liability Company $\frac{1}{2}$ Florida document number $\frac{1.15000078081}{1.15000078081}$	were filed on $\frac{05/04/2015}{}$ and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
The new name must be distinguishable and contain the words "Limited Liability".	nty Company," the designation "LLC" or the abbreviation "LL,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 of registered agent and/or the new registered office address here					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter 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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familia with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability				

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>	Address	Type of Action
MGR	Meny Moshe	7114 Wiley Road	<u></u>
		Jacksonville , Florida 32210	□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			🗖 Add
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			Change P Addr
			P Addr
			□ Change

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ffective date, if other than the date of filing:	
an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v	Pursuant to 605,0207 vill not be listed as
locument's effective date on the Department of State's records.	
and a serificate delegated effective data that each are effective times at 12,01 a.m. of	on the azelier at
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed.	ni tile earner o
	17
Dated June 29 2017 :-	שור :
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	· (n 🗀
Signature of a member or authorized representative of a member	55 [
Signature of a member or authorized representative of a member Harvey Ackerman	5 PH 3:

Page 3 of 3

Filing Fee: \$25.00