

L15000084823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

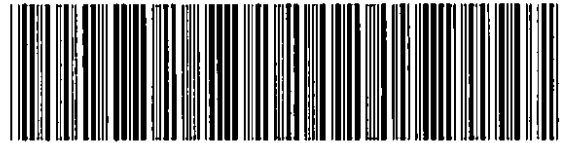
(Business Entity Name)

(Document Number)

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3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 11/22/2019

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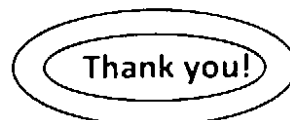
Name:	Bugatti, LLC (FL)
Document #:	
Order #:	12414935

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Updater _____
Verifier _____
W.P. Verifier _____
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Amount: \$	25.00
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bugatti Group, 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:

Bruce F. Iden

Name of Person

Iden Law Offices

Firm/Company

14601 SW 29 Street, Suite 110

Address

Miramar, Florida 33027

City/State and Zip Code

bruce@idenlaw.com

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

For further information concerning this matter, please call:

Bruce Iden

at (

954

Area Code

885-0085

Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bugatti Group, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 13, 2015 and assigned
Florida document number L15000084823.

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)

1301 Shotgun Road

Sunrise, Florida 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1301 Shotgun Road

Sunrise, Florida 33326

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:

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 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>
MGR	Yuval Hadaya	1004 Bayley Court	<input checked="" type="checkbox"/> Add
		Bridgewater, N.J. 08807	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ofer Cohen Harel	Eliyahoo Koren St	<input type="checkbox"/> Add
		Apartment 14	<input checked="" type="checkbox"/> Remove
		Jersulalem, Israel	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 November 22, 2019

Signature of a member or authorized representative of a member

Bruce F. Iden, authorized agent

Typed or printed name of signee