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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ADAR B INVESTMENTS LLC

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

Please return all correspondence concerning this matter to the following:

ADAR MORDECHAI BARATZ
L 15000103922 Firm/Company
153 BELLA VISTA WAY
ROYAL PALM BEACH FL, 33411 ADAR BARATZOUGO EMATI
ADAR. BARATZOY & FMATL. COM V E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adar Barat 2 at (S61) S68 5667

Name of Person 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, FI. 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

Name of the Limited Liability Company as (A Florida Limited Liabil	VESTMENTS LLC ity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number \(\begin{align*} \L\ 15000\log 3922 \end{align*}.	
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 C Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ompany," the designation "L.L.C." 128 ROYAL PALM REACH 3LVD # 173 OYAL PALM BEACH, FL, 3341
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	128 ROYAL PALM BEACH ROYAL PALM BEACH, FL, 33411
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
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:	,,,,, e.m.c
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provieing filed to merely reflect a change in the registered office add company has been notified in writing of this change.	formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document is
If Changing	Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AMBR	ADAR MORDECHAI	1128 ROYAL PALM	
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ective date, if other the effective date is listed, the	date must be specific and o	cannot be prior to da	ate of filing or more th	(optional) an 90 days after filing	g.) Pursuant to	o 605.020
te: If the date inserted in cument's effective date or			statutory filing requ	airements, this date	: will not be	: listed a
record specifies a de The 90th day after th		ate, but not ar	n effective time,	at 12:01 a.m.	on the e	arlier c
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	Signature of a m	ember or authorize	d representative of a r	nember	AH I	JUL 20
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Filing Fee: \$25.00