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COVER LETTER

TO: Registration Se Division of Cor							
HUMMUS SUBJECT:	FACTORY LLC						
Name of Limited Liability Company							
	Amendment and fee(s) are sub-	-					
	TAL COHEN						
	 	Name of Person					
	HUMMUS FACTORY LL	.c					
		Firm/Company					
	2790 STIRLING ROAD						
		Address					
	HOLLYWOOD, FL 33020)					
		City/State and Zip Code					
	TALCOHEN2810@GMAII						
	E-mail address: (i	to be used for future annual report notific	cation)				
For further information o	oncerning this matter, please ca	il:					
TAL COHEN		305 761-6312 at ()					
Name o	f Person	Area Code Daytime	Telephone Number				
Enclosed is a check for the	ne following amount:						
\$25.00 Filing Fee	S30.00 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

HUMMUS FACTORY LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000165465	were filed on SEPTEMBER 29,2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liah</u>	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2790 STIRLING ROAD
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33020
Enter new mailing address, if applicable:	2790 STIRLING ROAD
(Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD, FL 33020
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Street dataress Florida City Cide
New Registered Agent's Signature, if changing Registered Agent:	- Σ ^m σ.
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with th

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>	Name	Address	Type of Action
AMBR	COHEN SASSON TAL	1755 E HALLANDALE BEACH	
		BLVD, APT 1405E	■ Remove
		HALLANDALE, FL 33009	☐ Change
AMBR	TCCOM LLC	1755 E HALLANDALE BEACH	Add
		BLVD, APT 1405E	☐ Remove
		HALLANDALE, FL 33009	☐ Change
AMBR	GO INVESTMENTS	11110 W OAKLAND PARK	- Add
		BLVD, # 289	☐ Remove
		SUNRISE, FL 33351	☐ Change
MGR	COEHN SASSON TAL	1755 E HALLANDALE BEACH	■ Add
		BLVD, APT 1405E	□ Remove
		HALLANDALE, FL 33009	☐ Change
MGR	ORON GAL	11110 W OAKLAND PARK	■ Add
		BLVD, # 289	
		SUNRISE, FL 33009	☐ Change
			Add
			□ Remove
			Change

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Effective date, if other than the date of filing:	(optional)
f an effective date is listed, the date must be specific and cannot be prior to d Note: If the date inserted in this block does not meet the applicable locument's effective date on the Department of State's records.	ate of filing or more than 90 days after filing.) Pursuant to 605.0207 e statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier o
and Avalet 2.1 2017	
Dated AVAV ST 30 , 2017 . Signature of a member or authorize	

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Typed or printed name of signee

Filing Fee: \$25.00