

12/17/2015

Division of Corporations

# L15000184128

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

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Phone : (305)937-7773  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DE SORELLA'S LLC

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

DE SORELLA'S 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 10/29/2015 and assigned  
Florida document number L15000184128.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

9152 GROSS POINT ROAD SUITE 2C

SKOKIE ILLINOIS 60077

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9152 GROSS POINT ROAD SUITE 2C

SKOKIE ILLINOIS 60077

**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:

ROY EMIL MALUL

New Registered Office Address:

18800 NE 29TH AVE PH 28

Enter Florida street address

AVENTURA

Florida

33180

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.

X \_\_\_\_\_  
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	LIRAN ZORELLA	18800 NE 29TH AVE	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGM	ROY EMIL MALUL	9152 GROSS POINT ROAD	<input checked="" type="checkbox"/> Add
		SUITE 2C	<input type="checkbox"/> Remove
		SKOKIE ILLINOIS 60077	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated 12/17/2015 . 15

Liran Zorella  
Typed or printed name of signer

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