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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

Phone : (305)937-7773

Fax Number

: (815)301-2897

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TZIDON SCHIEBER AND CHEN LLC

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S. YOUNG

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Corporate Filing Menu

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55

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILLC		
(A Florida Limited Liability Company)	rs on our records.)	
iability Company were filed on N	OVEMBER 16, 2015 and assigned	
lowing:		
of the limited liability company h	ere:	
words "Limited Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."	
cable:		
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Inter new mailing address, if applicable:		
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l/or registered office address of office address here:	o our records, enter the name of the	
YORAM TZIDON		
10710 NW 18 PLACE	_	
Enter Flo	rida street address	
PLANTATION	, Florida	
City	Zip Code	
	ted Liability Company as it now appear (A Florida Limited Liability Company) Liability Company were filed on Notice and the limited liability company has been cable: ET ADDRESS) L'Or registered office address of office address here: YORAM TZIDON 10710 NW 18 PLACE Enter Florida Liability Company.	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered ugent 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	<u>Address</u>	Type of Action
MG	AMNON SCHEIBER	10710 NW 18 PLACE	
,		PLANTATION, FL 33322	Rcmove
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м см	REFAEL CHEN	10710 NW 18 PLACE	□ bbA □
		PLANTATION, FL 33322	■ Remove
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Note: If the date inse	her than the date of filing: ed, the date must be specific and cannot exted in this block does not meet the date on the Department of State's the date on the Department of State's the date of the Department of State's	e applicable statutory filing	(optional) re than 90 days after filing requirements, this date) ;) Pursuant to 605.02; ; will not be listed :
	s a delayed effective date, I fter the record is filed.	but not an effective ti	me, at 12:01 a.m.	on the earlier
	<u>ulis (</u> , 2,	ols		
Dated				

Page 3 of 3

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