Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Pax Number

: (850)617-6383

Elecone:

Account Name : CORP USA

Account Number : 072450003255

: (305) 534-3694

Fax Number

: (305)633-9696

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 MAGHEN DAVID LLC

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12/10/2015

CORPUSA

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COVER LETTER

TO:	Registration Sc Division of Cor			
erm in	Maghen Da			
3000			ted Liability Company	
				•
The en	closed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Federico Citoni		
			Name of Person	***************************************
		Maghen David LLC		
			Firm/Company	
		400 Alton Rd. #707		
			Address	
		Miami Beach, FL 33139		
		E de dice and	City/State and Zip Code	
		F.citoni@gmail.com E-mail address: (to be used for future annual report notice	(cutton)
For fur	ther information c	oncerning this matter, please ca	•	
Federi	co Citoni		305 915-8262	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount;		
呈 \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Starus	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations ox 6327 usec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations rater Circle

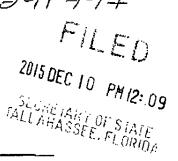
PAGE 02/05

CORPUSA

12/09/2015 22:41 3056339696

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Maghen David LLC

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

		November 17, 2015		
The Articles of Organization for this Limited Liability Co	ompany were filed on	Novaliber 17, 2015	and assigned	
Florida document number L15000194199	_			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability compan	<u>y here</u> :		
The new name must be distinguishable and contain the words "Limit	ted Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	****		*···	
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	4			
The state of the s				
Name of New Registered Agent:		· .		
New Registered Office Address:	Enter	Florida street address		
	2-1-1-2-1	Enter Florida street address		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		•	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performanc ent as provided for	e of my duties, and I am fa in Chapter 605, F.S. Or. i	miliar with and If this document is	
	If Changing Registere	ed Agant, <u>Signature of New Re</u> g	istered Agent	
	Page 1 of 3			

If amending Authorized Person(s) authorized to manage, enter the fittle, 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 MGR Samuel Sed Piazza 400 Alton Rd. #707 □ Add Miami Beach, FI, 33139 Remove Change □ Add □ Remove □ Change Remove □ Change □ Remove _□ Change □ Add Remove _□ Change bbA □_ □ Remove

Page 2 of 3

_□ Change

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Tective date, if other than the an effective date is listed, the date in ote: If the date inscrited in this becoment's effective date on the l	lock does no) i meet the ap	iplicable stat	ffiling or more tutory filing i	(0 then 90 days a equirements,	p tional) flor filing.) Pr this date wil	ursuant to 605 Il not be list	5.0207 (3)(b) and as the
e record specifies a delaye The 90th day after the re	d effective cord is file	e date, bul ed.	not an e	ffective tin	ne, at 12:0	1 a.m., on	the earli	er of:
nted December 9		2015						
	H	 ,) ,				
	Signature o	1 a member or	authorized re	presentative o	a member			

Page 3 of 3

Filing Fee: \$25.00