

L15000201545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

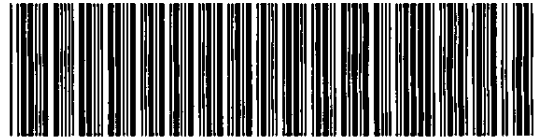
(Business Entity Name)

(Document Number)

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2016 NOV 22 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

NOV 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2016

HZA LTD.
HARVEY ACKERMAN
RECHOV AGASSI 24/12
JERUSALEM 9387724 ISRAEL,

SUBJECT: LIRAM INVESTMENTS LLC
Ref. Number: L15000201545

RECEIVED
2016 NOV 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LIRAM INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed are the missing pages for your convenience. Please sign and if there are no more changes return both pages for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00024487

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIRAM INVESTMENTS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Harvey Ackerman

Name of Person

HZA LTD.

Firm/Company

Rechov Agassi 24/12

Address

Jerusalem , Israel 9387724

City/State and Zip Code

tackerman613@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harvey Ackerman

917 475-0418
at ()

Name of Person

Area Code

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, 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**

LIRAM INVESTMENTS LLC

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

FILED
2016 NOV 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 2, 2015 and assigned
Florida document number L15000201545.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Charles Dehlinger

New Registered Office Address:

9889 Gate Parkway North, Suite #402

Enter Florida street address

Jacksonville

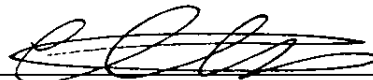
City

, Florida 32246

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.



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>
AMBR	Llora Drori	23 NATHAL HABSOR	<input checked="" type="checkbox"/> Add
		YOQNEAM ILLIT, IS 20688-75	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 22, 2016

Signature of a member or authorized representative of a member

Harvey Ackerman

Typed or printed name of signer