L15000201545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600292297746

11/14/16--01049--014 **25.00

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

K. SALY
NOV 23 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

November 15, 2016

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

SUBJECT: LIRAM INVESTMENTS LLC
Ref. Number: L15000201545

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 at (917) 475-0418
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

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

LIRAM INVESTMENTS 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 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, **Florida** 32246
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.

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

Title	Name	Address	Type of Action
AMBR	Liora Drori	23 NAHAL HABSOR	■ Add
		YOQNEAM ILLIT, IS 20688-75	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 22, 2016

_____
Signature of a member or authorized representative of a member

Harvey Ackerman
_____
Typed or printed name of signee

Filing Fee: $25.00