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## COVER LETTER

TO:	<b>Registration Section</b>
	Division of Corporations

JAX RSTILLC

SUBJECT: \_\_\_

•2

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:

Yariy Golan

Name of Person

JAX RSTELLC

Firm/Company

411 NE 2ND AVE

Address

HALLANDALE, FL 33009

City/State and Zip Code

gyariv@gmail.com

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

For further information concerning this matter, please call:

 Yariy Golan
 904
 3859591

 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 radditional 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

#### JAX RSTILLC

#### (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 Cor	mpany were filed on <u>12/03/2015</u>	and assigned
Florida document number 1.15000202068		

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	c Company," the designation "EEC" of the abbreviewn "EEC"
Enter new principal offices address, if applicable:	10 E - TI
(Principal office address MUST BE A STREET ADDRESS)	
	- N
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	En S
	, ·

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		t-
New Registered Office Address:	Enter Florida street ada	hess
	······································	Florida
	City	· · · · ·

#### 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. Thereby 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Liat Haya, Gał	9 Meron St. Apt 1	🗃 Add
		Mevaseret Zion, Israel 90764	🖸 Remove
			🖸 Change
<del>_</del>			D Add
			🖄 Remove
			Change
		,	Add
			Remove
			Change
			🛛 Add
			Remove
			Change
			Add
			C Remove
			Change
			Add
			Remove
			Change

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

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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 August 01	2019
	Avi Stiegmann Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Avi Stiegmann	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00