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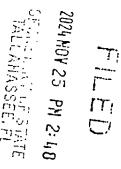
(Rec	questor's Name)	
(Add	lress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	
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Office Use Only



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COVER LETTER

1 O: Registration S Division of Co			
Rachel Ha			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Abe Haruvi		
	-	Name of Person	
		Firm/Company	
	PO Box 1088		
		Address	
	Palm Beach FL 33480		
	jsethmanagement@yahoo.c	City/State and Zip Code com	
		to be used for future annual report not	fication)
For further information (concerning this matter, please c	all:	
Carla Pereira		561 833 6122 at ()	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
11051511111011		150	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Rachel Realty LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company florida document number L15000210134	were filed on 11/05/2015 and assigned
this amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabi	ility company here:
Rachel Haruvi LLC	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	2024 NO.
	— ∑ F on 1
Inter new mailing address, if applicable:	νς το 1•:
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, enter the name of the new regist
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy Zip Code

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>	Address	Type of Action
			□Remove
		□Change	
			□Add
			Remove
			□Change
····			□Add
			□Remove
			□Change
		□Add	
		□Remove	
			Change
		🗀 Add	
		□Remove	
			□Change
		·	□Add
			Remove
			□Change

lf an ei <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is f	rd 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 iled.
Dated	11/19/2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00