

05/15/2018 10:45

(FAX)845 818 3588

P.001/004

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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From:

Account Name : VCORP SERVICES, LLC  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
YANIV IDEL LLC

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MAY 16 2018

J. HARRIS

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YANIV IDEL 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 02/03/2016 and assigned  
Florida document number L16000023336.

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:

New Registered Office Address:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	IDEL, YANIV	135 Eucalyptus St.	<input type="checkbox"/> Add
		Omer, Israel 8496500 IL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Yaniv Idel & Co.	135 Eucalyptus St.	<input checked="" type="checkbox"/> Add
		Omer, Israel 8496500 IL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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MAY 15 2018  
TALLAHASSEE, FLORIDA  
S. HAYES  
CLERK OF CIRCUIT COURT

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

100

**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.

(b) The 90th day after the record is filed.

Dated May 14, 2018

Signature of a member or authorized representative of a member

**Anthony Kellerman**

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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2008 MAY 15 PM 1:59  
SECRETARY OF STATE  
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