L16000033945

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(Ad	ldress)	
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COVER LETTER

	egistration Sec vision of Corp			
SUBJECT		INVESTMENTS, LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	m all correspor	ndence concerning this matter	to the following:	
		JODI RONEN		
			Name of Person	
		ACCU-TAX & ACCOUN	TING SERVICES, LLC	
			Firm/Company	
		130 NE 4TH AVE		
			Address	
		DEERFIELD BEACH, FL	, 33441	
			City/State and Zip Code	•
		JODI@ACCU-TAX.TAX		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
JODI RON	IEN		954 574-0081 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e 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

ELMALAH INVESTMENTS, LLC	_		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now apple Limited Liability Compar	pears on our records.	
(*********		••/	
The Articles of Organization for this Limited Liability (Company were filed on	02/17/2016	and assigned
			
Florida document number L16000033945	 '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	<u>y here</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company." t	he designation "LLC" or the	abbreviation "L.L.C."
	, ,		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		,	
TD TO 12 41	-41-6511		w the name of the nam
B. If amending the registered agent and/or registered agent and/or the new registered office ade		on our records, ente	r the name of the new
registered agent and/or the new registered office add	uress nere.		
Name of New Registered Agent:			
New Project of Control of Control		•	
New Registered Office Address:	Enter	Florida street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent	t and caree to act in t	his capacity. I further a	goree to comply with the
provisions of all statutes relative to the proper and			
accept the obligations of my position as registered a			
being filed to merely reflect a change in the register			
company has been notified in writing of this change			CD ANIMA
·		20	26
		m≺ Eo	
	If Changing Point 4	سـ س	Decistand A and t
	II Changing Registere	d Agent, Signature of New	Kenstered Argent

Page 1 of 3

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
MGR	SVIKA ELMALAH	4244 APPALACHIAN ST	
		BOCA RATON, FL 33428	≅ Remove
			Change
			Add
			☐ Remove
			□ Change
	<u> </u>		
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove Change Change
			Remove

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E. Effectiv	ve date, if other than the date of filing:	(optional)	
(If an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more that if the date inserted in this block does not meet the applicable statutory filing requi	n 90 days after filing.) Pursuant to 605 irements, this date will not be list	.020' ed as
	ent's effective date on the Department of State's records.		
If the reco	ord specifies a delayed effective date, but not an effective time, 90th day after the record is filed.	at 12:01 a.m. on the earli	er o
(0) 1110	Sourced and record to mean		
Dated _	alaa . 16 .		
		<u>159</u>	
		17 (C) (C)	ļ.
	Signature of a member or authorized representative of a m	To the same	
	RAN ELMALAH	\$\frac{2}{20} \cdot \frac{2}{2} \cdot \frac{1}{2} \cdot \frac{1}{2	
	Typed or printed name of signee		
		FLORING 3: L	•
	Page 3 of 3		

Filing Fee: \$25.00