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(Requestor's Name) (Address)	200301049112
(Address) (City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	07/11/1700683068 (**30.00
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COVER LETTER

TO: C Registration Section

P.O. Box 6327

Fallahassee, FL 32314

Div	ision of Cor	porations		
	RBA PROP	ERTY HOLDINGS LLC		
SUBJECT:		Name of Lim	ted Liability Company	
The enclosed	I Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Gal Schwartz		
			Name of Person	
		NIVGAYA, LLC		
			Firm/Company	
		550 Okeechobee Blvd, 140	6	
			Address	
		West Palm Beach, FL 3340	1(
			City/State and Zip Code	
		E-mail address: (to be used for future annual rep	ert notification)
For further i	nformation c	oncerning this matter, please ea	ill:	
Gal Schwa	rtz		305 409-4	
	Name o	t Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	ae following amount:		
□ \$25.00 I		■ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose)	 \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ration Section on of Corporations	Registration	OURIER ADDRESS: Section Corporations

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RBA PROPERTY HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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 Liabi	lity 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)	PH 3: 51
(Mailing address MAY BE A POST OFFICE BOX)	

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:		
New Registered Office Address:	Enter Florida street addre	55
	F	lorida
-	Ciţy	Zıp 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title Name</u>		Address	Type of Action		
MGR	Yossi J Amuial	550 Okeechobee Blvd 1106,	Add		
		West Palm Beach, FL 33401	Remove		
			Change		
			Add		
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	es a delayed effe Ifter the record is		ut not an eff	ective time,	at 12:01 a.m	n, on the earli	er of:
iedJuly 7th	1	2	017				
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	Signat	ure of a memb er n	T authorized repr	r resentative of a m	ember		
		Gal	Schwartz	f signee			

Filing Fee: \$25.00