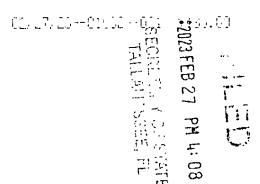
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COVER LETTER

TO: Registration Division of C		
Margoz,	LLC.	
SUBJECT:	Name of Limit	ed Liability Company
The enclosed Articles	of Amendment and fee(s) are subm	sitted for filing.
Please return all corre	spondence concerning this matter to	the following:
	Marc Shoshan	
		Name of Person
	Ramcon Corp	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
		Firm/Company
	144 NE 1st Avenue	10000000000000000000000000000000000000
		Name of Person Firm/Company Address
	Hallandale, FL. 33009	141
		City/State and Zip Code
	marc@ramconcorp.com E-mail address: (to	be used for future annual report notification)
For further informatio	n concerning this matter, please cal	·
Marc Shoshan		954 822-2011 at ()
Nam	e of Person	Area Code Daytime Telephone Number
Enclosed is a check for	r the 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)
P.O. Box 6	n Section Corporations	Street Address: 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

Margoz, LLC.		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp	any were filed on 03/14/2016	and assigned
Florida document number L16000052263		
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 1	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	S2	.de 223
		EB 2
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- ω - π
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registered
agent and/or the new regimered office and/ess never		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is .
		orida
	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 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

AMBR Nissim Gozlan Hallandale, FL. 33009 Remov Change Hallandale, FL. 33009 Hallandale, FL. 33009 Change Change Change Change Change	ction
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (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. 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. Signature of a member or authorized representative of a member Marc Shoshan

Filing Fee: \$25.00

Typed or printed name of signee