## 114000055708

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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AND ASSET FLOOIDA

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## **COVER LETTER**

SUBJECT:		CZDYC REAL E	STATE HOLDINGS LLC		
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return a	all correspond	dence concerning this matter	to the following:		
		GIDEON GRATSIANI			
			Name of Person		
		CZDYC REAL ESTATE I	HOLDINGS		
			Firm/Company	_	
		975 NORTH MIAMI BEA	ACH BLVD		
			Address		
		NORTH MIAMI BEAACI	H, FLORIDA 33162		
			City/State and Zip Code		
		BHSHIREL@FST26,COM			
		E-mail address: (	to be used for future annual repor	t notification)	
For further inf	ormation cor	cerning this matter, please ca	all:		
GIDEON GR.	ATSIANI		917 703-036	SS ZEC	2016
	Name of I	Person	Area Code Da	aytime Telephone Number	
				ARY C	AY 25 F
Enclosed is a	check for the	following amount:		<del>آ</del> الله الله الله الله الله الله الله الل	
\$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	ng Fee, of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations

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

CZDYC REAL ES	STAATE HOLDINGS LLC	
( <u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 3/18/2016	and assigned
Florida document numberL16000055708	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or reg		
egistered agent and/or the new registered office ac	ddress here:	
	ASE	
Name of New Registered Agent:	ww. Fig. 1	25
New Registered Office Address:	5 'C 모르	T T
	Enter Florida street address	<del></del> 0
	, Florida	<u> </u>
	City	Zin Coda

## 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>	Type of Action
MGRM	C&Z MANAGEMENT MY INC	15 MELNICK DRIVE #965	<b>=</b> Add
		MONSEY, NY 10952	Remove
			Change
MGRM	Y&M INDUSTRIES, INC	951 NE 167TH STREET	■ Add
		UNIT 224	□ Remove
		NORTH MIAMI BEACH,FL 3316	Change
MGRM	HERSH ENTERPRISES LLC	5 RIDGE AVENUE	
		SPRING VALLEY, NY 10977	Remove
			□ Change
			Add
		SECRETARY OF ST TALLAHASSEE, FLO	Remove  Remove
		LORIDA	Remove
			Change
			Remove
			☐ Change

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effective dat e: If the da	e, if other than the date is listed, the date must be the inserted in this block ective date on the Department	specific and cannot be does not meet the a	applicable statutor	ng or more than 90 da y filing requiremen	nts, this date w	Pursuant to 605.020
ecord sp ne 90th d	ecifies a delayed e lay after the record	ffective date, bu I is filed.	ut not an effec	tive time, at 12	2:01 a.m. o	the earlier of
ed		6iDG01	' Cert	51011	FLORIDA	
	Sig	nature of a member o	r authorized represe	ntative of a member		

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Filing Fee: \$25.00