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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 609 NE 2 AVE hallandale Beach LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ori Bilws Ky Name of Person
Firm/Company
2036 Nevada city hwy Address # 282
Grass Valey CA 95945 City/State and Zip Code Bilibubble a Yaha. Co. iL E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (530) 446 1070 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

809 NE 2 AVE hallandale Beach

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on MWCh, 29, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	grass valley, CA 95945
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	LORRIDA TOTAL
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MOR	moshe cohen	2645 NE 188 Street	
		Aventura, FL 33180	Remove
			Change
NGR	Yose Biton	2675 NE 188 Street	
		Aventura, fl 33180	Remove
			Change
MGR	Ori Bilancky	2036 Nevida city hwy # grass valley, ca asqus	Add Change Change Change Add Add Add
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Page 3 of 3

Filing Fee: \$25.00