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R. WHITE

## **COVER LETTER**

Tallahassee, FL 32314

ľO:	Registration Se Division of Cor			
		Jassy 11C		
TUBJE	CT:	Name of Limited	d Liability Company	
The en	closed Articles of	Amendment and fee(s) are submi	tted for filing.	
Please	return all correspo	ondence concerning this matter to	the following:	
		Rache	Name of Person	102
		<u> </u>	Firm/Company	
		3740	1.54th A.	V(
			od FL 33	821_
		E-mail address: (to	be used for future annual report notif	ication)
for fur	ther information c	oncerning this matter, please call	:	
$\mathbb{R}$	achel Name o	Rich-Guzi	at (ZGe) 383 Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Sec	etion
	Division of C P.O. Box 632	Corporations	Division of Corp The Centre of T	porations
	E.O. DOX 032	. 1	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

()assuille		2019 [ ] -2 PH 3: 46
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our record liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company of Florida document number		2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "I.I.C	C" 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	
	, F1	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
		at a constant at a

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

f 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	OHAD GOZ:	3740 N.54 LAVR	🗆 Add
		3740 N. 54 De Hollywood, Fe330	<u>U</u> <b>⊈</b> Remove
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Filing Fee: \$25.00