Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003649163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAZ TAX, LLC Account Number : I20130000008 Phone : (954)272-8563

Fax Number

: (888)308-9722

**Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.

Email Address:

mishorio@netvision.net.il

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MISHORY INVESTMENTS FL LLC

Certificate of Status	1
Certified Copy	. 0
Page Count	04
Estimated Charge	\$30.00

DEC 0 2 7619

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

To:

Fax: (850) 617-6383

Page; 3 of 6

12/28/2018 12:35 PM

COVER LETTER

TO:		stration Sec sion of Corp					
SUBJEC		MISHORY I	INVESTMENTS FL LLC				
SUDJEC	∎; <u>.</u>		Name of Lam	ited Liability Compar	ıÿ.		
			Amendment and fee(s) are sub	_			
			PAZ SHOHAM				
				Name of Perso	n n		_
			PAZ TAN LLC				
				Firm/Compan	У		_
			340 S Lemon Ave #7090N	Ī,			
			Walnut, CA 91789	Address		Ť	18 050
			mishorio@netvision net.il	City/State and Zip	Code		28 A
			E-mail address. (to be used for future a	иппай терог	it notification)	77 30 0
For furth	ner in	formation co	ncerning this matter, please ca	all:			F. S. 55
PAZ SH	HOHA	AM.		954 at (272-85	63	
		Name of	Person	Area Cod	e 1)	aytime Telephone Numbe	·r
Enclosed	d is a	check for the	e following amount:				
□ \$25.	oo Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional cop	ру	n Certifie	ate of Status &
			NG ADDRESS:		REET/CO	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 (((H180003649163)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISHORY INVESTMENTS FL.	LLC			
(Name of the Lim	ited Liability Compa (A Florida I insted)	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document number L16000126977	Liability Company	were filed on 0	7/05/2016	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ollity company b	<u>icre</u> :	
The new name must be distinguishable and contain the	words "Limited Liobi	lity Company," the	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		c/o ∧∀ALON	GROUP U.S.A	
		41: NE 2nd AVE		
		Hallandale Beach, FL 33009		
Enter new mailing address, if applicable:		c/c AVALON	GROUP U.S.A	
(Mailing address MAY BE A POST OFFICE BOX)		411 NE 2nd AVE		
		Hallandale Beach, FL 33009		
B. If amending the registered agent and registered agent and/or the new registered of	office widress her	<u>.c</u> :	n our records, enter	the name of the new
Name of New Registered Agent:	David Mishor	у		1 2 2
New Registered Office Address:	411 NE 2nd A		orida street address	8: 5 5
	Hallandale Bea	anh	m 330	XX 2
	Tidifation Dec	City	, Florida	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

From: Paz Shoham Fax: 18883089722 To: Fax: (850) 617-6383 Page: 5 of 6 12/28/2018 12:35 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

(((H180003649163)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MISHORY, ORIT	69X/0 PHILIPS HWY	
		JACKSONVILLE, FL 32216 UN	
			□ Remove
			□ Change
			
			□ Remove
	•		□ Change
			Add
			- Gremove
			Change Change
			Change Con Add So Remove
			□ Change
		 	bbA 🗆
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

The members of the Limited Li	ability Company and their addresses are named as follower	:d:
DAVID MISHORY		
26 HAGOLAN ST.		
TEL AVIV 6971829		
ISRAEL		
		<u> </u>
		
		18 DEC 28 P
		C2
		SS
		mag_ s
Effective date, if other than the d	01/01/2019 are of filing: e specific and cannot be prior to date of filing or more than 90 day	(optional)
Note: If the date inserted in this block document's effective date on the Dep	k does not meet the applicable statutory filing requirement artment of State's records.	is, this date will not be listed as the
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12: d is filed.	:01 a.m. on the earlier of:
December 27	2018	
	Al-trit	
	partie of a member or authorized representative of a member	
DAVID MISHORY, Met		
DAVID MISHOR I, Med	Typed or printed name of signee	

(((11180003649163))) Filing Fee: \$25.00