Florida Department of State

Division of Corporations
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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : 120130000018 Phone : (786)288-5699

Fax Number : (866)856-1462

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

Email Address: paul@feldmanclosings.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOSEFANZA, LLC

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Corporate Filing Menu

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2016-10-11 14:57 :Feldman & Associates

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850-617-6381 P 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yosefanza, LLC					
(Name of the Limited Liability Compa (A Floridy Limited L	ny as it now app liability Compan	ears on our records.) y)			
The Articles of Organization for this Limited Liability Company	were filed	07/22/2016	and	d assign	e d
on Florida document number 1,16000137171					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liable	lity company	here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," th	e designation "LLC" or the	abbreviatio	n *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 of registered agent and/or the new registered office address here		on our records, <u>ente</u>	r the na	me of	the new
Name of New Registered Agent:			20 m		•
Name of New Negostereo Agent.					- j
New Registered Office Address:	Street L	Norlda street address	774	<u> </u>	
	Enter F	, Florida		(\$) (\$)	
	City		Zip C	ode	
Alexa Bartalana di Alexalda Barrakana 16 dengahan Bartakana di Alexa					

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

2016-10-11 14:57 Feldman & Associates

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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>	Name	Address	Type of Action
AMBR	THE KAZABIAN TRUST	48 MARKET ST CANELLA CT	⊞∧dd
		STE 421003	⊠ Remove
		CAMANA BAY, GC KY11-1208 KY OC	Change
MGR_	Keren Benshimon	48 MARKET ST CANELLA CT	∑ ∧dd
		STE 421003	
		CAMANA BAY, GC KY11-1208 KY OC	BChange
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E. Effecti	ve date, if other	er than the da	te of filing:	i ha asina ta data	of Elina on mon	than GO down of	tional)	nt to 604.02
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Note:	If the date insertent's effective d	ate on the Depa	rtment of State's	records.				

Page 3 of 3

Paul Feldman, Esq.
Typed or printed name of signoc

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