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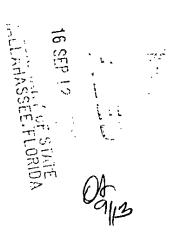
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	1001 NE 7	9TH ST, LLC.		
SUBJEC	.1;	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		YOGEV KARNY		
		·	Name of Person	 :
		MORTY ETGAR P.A.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		3363 NE 163RD ST, STE	801	
			Address	
		NORTH MIAMI, FL 3316	0	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		YOGEVKARNY@GMAIL		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
YOGEV	KARNY		305 577-0454	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

1001 NE 79TH ST, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our reco- Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/0}{1}$ Florida document number $\frac{L16000145998}{1}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		6
Enter new mailing address, if applicable:		158
Mailing address MAY BE A POST OFFICE BOX)		m
		T.C.
		A TE
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
Tien Magistra Office (Madess).	Enter Florida street add	ress
		Florida
	City	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

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>	Address	Type of Action
MGR	YOGEV KARNY	3363 NE 163RD ST, STE 801	= Add
		NORTH MIAMI, FL 33160	□ Remove
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			Remove
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Typed or printed name of signee

Filing Fee: \$25.00