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COVER LETTER

то:	Registration Sec Division of Cor						
CHDI		STMENTS LLC					
SUBJECT:							
The er	nclosed Articles of a	Amendment and fee(s) are subr	nated for filing.				
Please	return all correspon	ndence concerning this matter t	o the following:				
		SHANNY BREGMAN					
			Name of Person				
		GOLDTREE TAX SERVI	CES LLC				
			Firm/Company				
	56 GLENWOOD DRIVE NORTH						
			Address				
		BERGENFIELD, NJ 0762	1				
			Lity/State and Zip Code				
		amon.gitelman@gmail.com					
		E-mail address: ()	o be used for future annual report notifi	cation)			
For fu	rther information co	oncerning this matter, please ca	III				
SHAS	NNY BREGNAN		516 2526007				
	Name of	f Person	at () Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	ne following amount:					
■ \$2	25.00 Filing Fee	☐ \$30.00 Fifing 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 Edivision of Corporations E.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**

ARTICLES OF	AMENDMENT 3
-	AMENDMENT O DRGANIZATION OF Inv as it now appears on our records. Aliceist 23, 2016
ATG INVESTMENTS LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000157825}{L16000157825}$	were filed on AUGUST 23, 2016 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Lomited Liabi	hty Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	34/5 HAODENI ST.
(Principal office address MUST BE A STREET ADDRESS)	HOD HASHARON, ISRAEL 4535966
Enter new mailing address, if applicable:	34/5 HAODEM ST.
(Mailing address MAY BE A POST OFFICE BOX)	HOD HASHARON, ISRAEL 4535966
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cuy Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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>	<u>Address</u>	Type of Action
MGR	GITELMAN ARNON	34/5 HAODEM ST.	
		HOD HASHARON, ISRAEL 4535966	
MNG	CITELMAN TAMAR	34/5 HAODEM ST.	
		HOD HASHARON, ISRAEL 4535966	Remove
			☐ Remove
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'an effective di Tote: If the c	te, if other than that is listed, the date magnetic inserted in this backetive date on the light	ust be specific and block does not t	d cannot be prior (meet the applica	o date of filing or mo ble statutory filing	(option of the control of the contro	r filing.) Pursuant to	605,020 listed as
	pecifies a delaye day after the re			an effective ti	me, at 12:01	a.m. on the ea	arlier o
ated MAY	20		2019				
				1 .0			
			<i></i>	200 m	of a member		_

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Filing Fee: \$25.00