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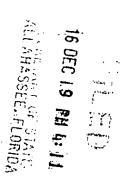
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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COVER LETTER

Division of Corporations					
SUBJECT: Amel	in Miani LLC Name of Limi	ited Liability Company			
The enclosed Articles of A	Ymendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Natalie	Name of Person			
	N.R. Group	Nungarant, Ihc			
	1111 Park Con	Address Suite He	50		
Miami Garley, FL 33169 City/State and Zip Code					
	\sim	nyestments. Com o be used for future annual report notif	ication)		
For further information co	oncerning this matter, please ca	all:			
Natalie Bailey	Parson	at (<u>305</u>) <u>625 - 0°</u> Area Code Daytime	149 6xt. 203		
Name of	reison	Area Code Daytinic	e reteptione Number		
Enclosed is a check for the	e following amount:				
\$25.00 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:

TO:

Registration Section

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

Amelia Miani LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 16 0001 9 3 5 48</u> .	pany were filed on	and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			· -
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			1.6
			- PE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the <u>sname</u>	e of the n
Name of New Registered Agent:		0.7	
New Registered Office Address:		TO _A	rio
	Enter Florida street address		
	, Florida	Zip Code	0
No Postanda e di Circa de la C	Oip.	Zip Cita	•

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	Nir Shoshani	1111 Park Contre Blud.	
		\$ Suit 6450	■ Remove
		Milumi Gardons, FC 33169	Change
MCK	Kon Gottesmann	III Park Contra Blod.	
		Surfe 250	☑ Remove
		Miami Garden, FL 37/69	☐ Change
MGK	Papa Frita LLC	108/5 NW 76 Lave	≤ Add
		Miami, Flouda 33178	Remove
			r∷ □ Change
			D A GP
			Ramove 7
			Change Change Change Change Add 9 Add 9 Angle Long L
		·	Add
			□ Remove
			☐ Change
			
			☐ Remove

If amending any other information, enter change(s) here: (A	ttach additional sheets, if necessary.)
	······
	<u> </u>
	1.33 SS VI
	FLO TO
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to dat Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Parsuant to 605.0207 (2 statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated tack Pocenter 7, 2016.	
Signature of a member or authorized	representative of a member
Nir Shashani	

Page 3 of 3

Filing Fee: \$25.00