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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GILMAN CIOCIA INC. Account Name

Account Number : I20120000051 Phone

: (305)937-7773

Fax Number

: (815)301-2897

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on our recall ability Company)	ords.)	
The Articles of Organization for this Limited Liab	ility Company	were filed on 11/16/2016	and assigned	
Florida document number L16000209512	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ie limited liab	ility company here:		
The new name must be distinguishable and contain the work	ls "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."	
		3575 NE 207 STREET	<b>.</b>	
Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		UNIT B2	15 L T	
		AVENTURA, FL 33180		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3575 NE 207 STREET	SSECTION OF	
		UNIT B2	الم الم	
intering seems so seems was in a value	<del></del>	AVENTURA, FL 33180		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered o ce address her YUVAL FISHI	<u>e</u> :	ords, enter the name of th	
New Registered Office Address:	3575 NE 207 STREET UNIT B2  Enter Florida street address			
	AVENTURA		, Florida 33180	
		City		

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>	Name	Address	Type of Action
MGR	HAGAY KABIRI	19630 NE 26 AVE	<b></b>
	-	MIAMI, FL 33180	■ Remove
			☐ Change
MGR	YUVAL FISHMAN	3575 NE 207 STREET	<b>□</b> Add
		UNIT B2	□ Remove
		AVENTURA, FL 33180	Change
			□ Add
			Respect
	<u></u>		TO A Remove
			☐ Change
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N/A			
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Effective date, if other than the date of filing:		(optional)	
Effective date, if other than the date of lung:  (if an effective date is listed, the date must be specific and canno  Note: If the date inserted in this block does not meet the	be prior to date of filing or a	nore than 90 days after filing.) Pursung requirements, this date will n	iant to 605.020 ot be listed a
document's effective date on the Department of State's	records.		
			.,
the record specifies a delayed effective date,  The 90th day after the record is filed.	but not an effective	time, at 12:01 a.m. on tr	ne earlier (
The sounday after the record is view.			
Dated JULY 17 20	18		
<u></u>			
Signature of a weekly	or authorized representative	re of a member	<del></del>
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Page 3 of 3

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