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DIVISION OF CORPORATION

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COVER LETTER

Divi	sion of Corp	porations		
SUBJECT:	COMMUN	ITY PROPERTY INVESTME	NT LLC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Harvey Ackerman		
			Name of Person	
		HZALTD		
		 	Firm/Company	
		24 Agassi Street		
			Address	
		Jerusalem , Israel 9387724		
			City/State and Zip Code	
		tackerman613@gmail.com		<u> </u>
			to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Harvey Acke	erman		917 475-0418 at ()_	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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

COMMUNITY PROPERTY INVESTMENT	FLLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.16000212978}{1.16000212978}$	Company were filed on November 21, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviationalL.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		12: 5 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	m.du.	
	, Florida _	Zsp 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>	<u>Address</u>	Type of Action
AMBR	LEOR ZADIKOV	258 HOLIDAY PARK BLVD NE	
		PALM BAY, FL 32907	■ Remove
			Change
			☐ Remove
			☐ Change
	····		Add
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n effective date i	f other than the date of is listed, the date must be speci inserted in this block does	fic and cannot be prior	to date of filing or mor	optiona e than 90 days after filing	ng.) Pursuant to 605.	i.020
	tive date on the Departmen			equirements, and su	te will not be note	
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record spec The 90th da	cifies a delayed effect y after the record is f	iled.	t an effective til	ne, at 12:01 a.m	i, on the earlie	Et i
July 8, 20	18					
ted	10 /					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00