L17000015514

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(City	//State/Zip/Phon	e #)
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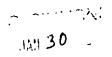
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WALK IN

	PICK U	P: 01/28/19
	CERTIFIED COPY	
хх	РНОТОСОРУ	
	CUS	
хx	FILING	AMENDMENT
	ROSH HAHAR LLC	
(0	CORPORATE NAME AND DOCUMENT	Γ#)
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CIAL	INSTRUCTIONS:	
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COVER LETTER

TO:	Registration Se Division of Co							
erto r	ROSH HA							
SUBJ	ЕСТ:	Name of Lim	ited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		SHARON ROZENCWAR	G					
			Name of Person					
		ROZENCWAIG & NADE	EL, LLP					
	Firm/Company							
		301 W HALLANDALE B	EACH BLVD					
		Address						
		HALLANDALE BEACH,	FL 33009					
	City/State and Zip Code							
ENTITIES@RNFLAW.COM								
			to be used for future annual report notif	ncation)				
For fu	rther information c	oncerning this matter, please ca	all:					
SHARON ROZENCWAIG		954 455-5100 at ()						
	Name o	f Person	Area Code Daytime	e Telephone Number				
Enclos	sed is a check for th	ne following amount:						
≅ \$2	5.00 Filing Fee	S30.00 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

ROSH HAHAR LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L17000015514	oility Company were filed on 1/19/2017	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		····
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>er</u> e <u>address here</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Care Classida arres al Justin	
	Enter Florida street address	
-	, Florid:	a Zip Code
	City	AID COME

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

Title	<u>Name</u>	Address	Type of Action
MGR	MOISES EIDELMAN	C/O 301 W HALLANDALE BEACH BLVD	■ Add
		HALLANDALE BEACH, FL 33019	□ Remove
			☐ Change
			D Add
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ctive date, if other than the d effective date is listed, the date must b	ate of filing:	prior to date	of filing or more	(op	t ional) er filing.) Pursuant t	o 605.0
e: If the date inserted in this blocument's effective date on the Dep	k does not meet the ap	oplicable sta	tutory filing r	equirements, th	is date will not be	: listed
ecord specifies a delayed		t not an e	ffective tin	ne, at 12:01	a.m. on the e	arlier
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d	2019		0	.	-	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00