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((H19000159572 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SIEGELAUB ROSENBERG P.A.
Account Number : 119990000058
Phone : (954)753-2222
Fax Number : (954)753-1123

pg. 1

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digiworld411@aol.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MASH GC, LLC**

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2019 MAY 16 10:08

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MAY 17 2019

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H190001595723

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

MASH GC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/24/2017 and assigned
Florida document number L17000018810.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: YEHEZKEL MAHLEB

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip 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

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05-16-'19 06:56 FROM-

954-753-1123

T-150 P0003/0005 F-705

EXPLANATION: CLIENT ORIGINALLY FILED ARTICLES USING HIS NICKNAME OF HEZI

H190001595723

(MAHLEB). BANK REQUIRES NAME TO MATCH LEGAL DOCUMENTS OF DRIVER'S LICENSE AND

TAX RETURNS. THEREFORE, THIS IS, IN FACT, A CORRECTION FOR NAME SPELLING, BUT THE

SAME INDIVIDUAL: YEHEZKEL MAHLEB

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated  _____,



Signature of a member or authorized representative of a member

YEHEZKEL MAHLEB

Typed or printed name of signer

H190001595723

05-16-'19 06:56 FROM-
or removed from our records:

954-753-1123

T-150 P0004/0005 F-705

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YEHEZKEL MAHLEB	11865 SW 26th Street Suite J10 Miami, FL 33175	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HEZI MAHLEB	11865 SW 26th Street Suite J10 Miami, FL 33175	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EXPLANATION: CLIENT ORIGINALLY FILED ARTICLES USING HIS NICKNAME OF HEZI

(MAHLEB), BANK REQUIRES NAME TO MATCH LEGAL DOCUMENTS OF DRIVER'S LICENSE AND

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SAME INDIVIDUAL: YEHEZKEL MAHLEB

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STATE OF NEW YORK
DEPARTMENT OF STATEAPPROVED
AND
FILED**E. Effective date, if other than the date of filing: _____ (optional)**

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 05/15/19

*

Signature of a member or authorized representative of a member

YEHEZKEL MAHLEB

Typed or printed name of signer

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