## 117000021542

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phone	e #)
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## **COVER LETTER**

Division of Co	rporations		
SOUT AF	RICA PROPERTIES INVILLO		
50bale, 1.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
r rouse return an ecores,p	vicative concerning this matter	to the tollowing.	
	NIR SIBONY		
		Name of Person	
•			
		Firm/Company	
	5357 SW 34TH AVENUE		
	<del></del>	Address	
	FORT LAUDERDALE, F	PL 33312	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	NIRSIBONY@GMAIL.CO	OM to be used for future annual report notifi	cation)
For further information	concerning this matter, please c		
NIR SIBONY		786 886-8556	
Name of Person at ()  Name of Person Area Code Daytime Telephone Nur		Telephone Number	
Enclosed is a check for t	the 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

SOUT AFRICA PROPERTIES INVILL		
( <u>Name of</u> the L <u>imited Li</u> (A Fl	ability Company as it now appears on our record orida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liabili Clorida document number L17000021542	ty Company were filed on 01/27/2017	and assigned
This amendment is submitted to amend the following	<u>;</u>	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
he new name must be distinguishable and contain the words.	Limited Liability Company," the designation "LLC	<del></del>
Enter new principal offices address, if applicable:	N/A	SELCHE ASICH 8 SEP
Principal office address MUST BE A STREET AI	DDRESS)	<u> </u>
		<b>A</b> 32
Enter new mailing address, if applicable:	N/A	⊕8.7.1   <b>7:  </b>
Mailing address MAY BE A POST OFFICE BOX		ω 🥳
B. If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the
Name of New Registered Agent:	'A	
New Registered Office Address:		
	Enter Florida street addres	Z.
		orida
	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

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	RUBIN, IRWIN	29821 WESTHAVEN DR	_ □ Add
		AGOUPA, CA 91301	
•			Remove
			Change
MGR	SIBONY, NIR	5357 SW 34TH AVENUE	■ Add
•		FORT LAUDERDALE, FL 33312	
		<del></del>	□ Remove
			☐ Change
MGR	SIBONY, SARIT	5357 SW 34TH AVENUE	Add
		FORT LAUDERDALE, FL 33312	□ Remove
			Li Kelliove
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ective date, if other the effective date is listed, the tee. If the date inserted in turnent's effective date of	date must be specific in this block does no	and cannot be prior to of meet the applica	o date of filing or me		tiling.) Pursuant to 6	
record specifies a c he 90th day after t	he record is file	ed.		me, at 12:01 a	.m. on the ear	rlier d
ed Augus	+ 30	2018	) <u>)</u> .			

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Filing Fee: \$25.00