

L7000027263
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000118405 3)))



H170001184053ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REALCO REAL ESTATE INVESTMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2017 MAY -1 PM 1:44
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAY -1 AM 9:09

MAY 02 2017
J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Realco Real Estate Investment 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 02/07/2017 and assigned Florida document number L17000027263

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 "LLC."

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tomer Hai	39 BIALIK ST.	<input type="checkbox"/> Add
		RAMAT GAM, ISRAEL	<input checked="" type="checkbox"/> Remove
		52461-05	<input type="checkbox"/> Change
AMBR	Avner Hai	39 BIALIK ST.	<input type="checkbox"/> Add
		RAMAT GAM, ISRAEL	<input checked="" type="checkbox"/> Remove
		52461-05	<input type="checkbox"/> Change
AMBR	Tomer Hay	39 BIALIK ST.	<input checked="" type="checkbox"/> Add
		RAMAT GAM, ISRAEL	<input type="checkbox"/> Remove
		52461-05	<input type="checkbox"/> Change
AMBR	Avner Hay	39 BIALIK ST.	<input checked="" type="checkbox"/> Add
		RAMAT GAM, ISRAEL	<input type="checkbox"/> Remove
		52461-05	<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

FILED
SECRETARY OF STATE
MAY 1 2017
ALBANY, NY

P.004/004

34

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.

Dated April 27th 2017

Personal

Signature of a member or authorized representative of a member

Raeesa Ibrahim

Typed or printed name of signee

17 MAY -1 AM 3:09

FILED
DEPT. OF STATE
JAN 27 1964
WASHINGTON