

L17000037205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

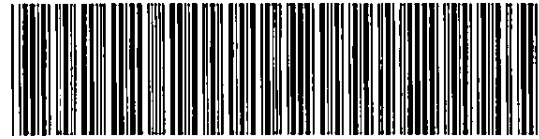
(Business Entity Name)

(Document Number)

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JK
8/31/17

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17 AUG 30 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: change ownership one partner left and one stay as one owner
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

avihay maman

Name of Person

the kosher grill llc

Firm/Company

5111 west knox st tampa fl

Address

tampa fl 33606

City/State and Zip Code

nemoswimmers@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

avihay maman

786 4522880
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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:
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**

the koshery grill 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 02/16/2017 and assigned
Florida document number L17000037205.

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)

avihay maman

13714 staghorn rd tampa fl 33626

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

YOSEF, CHEFRAN

6822 S WALL STREET TAMPA, FL 3361

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SECRETARY OF STATE

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:

YOSEF CHEFRAN

New Registered Office Address:

6822 S WALL STREET TAMPA, FL 33616

Enter Florida street address

tampa

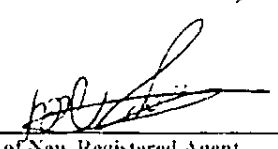
City

Florida 33616

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>
MGR	YOSEF CHEFRAN	6822 S WALL STREET TAMPA,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

WE BASICLY SPLITTING UP

AVIHAY MAMAN IS LEAVING THE COMPANY AND YOSEF CHEFRAN IS STAYING AS THE ONLY
OWNER OF THE COMPANY

ANY FUTURE REFERENCE REGARDING THE COMPANY SHOULD APPROACH TO YOSEF CHEFRAN

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: ~/05/24/17 (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 06/24/17

Signature of a member or authorized representative of a member

AVIHAY MAMAN AND YOSEF CHEFRAN

Typed or printed name of signee

To Whom it may concern

My Name is Yusef chefran

I Am taking over the company
called "The Kosery Grill LLC"

And my Parther Aritay Maman
Gettig out of it

All responcebilty on the company
will be on me

sign

Yusef chefran

A handwritten signature in black ink, appearing to be 'Yusef chefran', written over a horizontal line.

Aritay MAMAN

A handwritten signature in black ink, appearing to be 'Aritay MAMAN', written over a horizontal line.