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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
CHBIE		OLDINGS, LLC		
SUBJEC	U1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		RITA JACKMAN		
			Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		4575 VIA ROYALE STE	200	
•			Address	
		FORT MYERS, FL 3391	9	
			City/State and Zip Code	
		LEGAL@YOUR-ADVOC		
For furth	ner information co	oncerning this matter, please ca	to be used for future annual report notifi	cation)
RITA JA	ACKMAN		239 689-1096 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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

YAHAV HOLDINGS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000039882	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		TA SEC
	-	→ → → → → → → → → →
Enter new mailing address, if applicable:		35 0 25 25 25 25 25 25 25 25 25 25 25 25 25
(Mailing address MAY BE A POST OFFICE BOX)		9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	_	nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HILARY STOICA	13 PIMLACO DR.	Add
		TINTON FALLS, NJ 07753	□ Remove
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tive date, if other than the fective date is listed, the date must	date of filing:		(optional))
If the date inserted in this blo	ck does not meet the appli-	cable statutory filing	requirements, this date	;) Pursuant to 605.0 will not be listed
nent's effective date on the De			•	
cord specifies a delayed	effective date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlie
e 90th day after the reco	ord is filed.		·	
MAY 02	2018			
		·		
			_	
	Signature of a member or and	rorized representative o	f a member	

Page 3 of 3

Filing Fee: \$25.00