11700069325

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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Jame Change

MAY 22 2019

D CUSHING

COVER LETTER

Division of C	orporations				
FNA AU SUBJECT:	TO LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	NADAV BENIMETZKY				
		Name of Person			
	NATIONAL TAX & FIN	ANCIAL SERVICES C/O STEVEN	LEVY		
		Firm/Company			
	2875 NE 191ST STREET	STE 601			
		Address			
	AVENTURA, FL 33180			19 HA	HOLES POCK
	EVA.OHRING@GTAX.C	City/State and Zip Code OM		MAY 20	35 CO
	E-mail address:	to be used for future annual report notific	cation)	PH	05.0 20.0
For further information	concerning this matter, please c	all:		6: 2	RATI
NADAV BENIMETZI	KY	786 200-3899 at ()		~	SIMIE
Name	of Person		l'elephone 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 St Certified Copy (additional copy is c	atus &	

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

> RECEIVED MAY 2 0 2019



May 8, 2019

NADAV BENIMETZKY 2875 NE 191ST STREET STE. 601 AVENTURA, FL 33180

SUBJECT: FNA AUTO LLC Ref. Number: L17000069325

We have received your document for FNA AUTO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 319A00009246

Irene Albritton Regulatory Specialist II

www.sunbiz.org



May 14, 2019

NADAV BENIMETZKY 3301 NE 183RD STREET, APT 1802 AVENTURA, FL 33160

SUBJECT: FNA AUTO LLC Ref. Number: L17000069325

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We received the attached check in our office without any supporting documents. I was holding on to it to see if documents were received without a check. It looks like you have sent in another check with documents that got deposited so I am returning this check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 419A00009675

Diane Cushing Senior Section Administrator

www.sunbiz.org

TO CO OF THE PROPERTY OF THE P

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
FNA CONSULTING LLC		
he 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 ADDRES	S)	<u> </u>
· ·		7. 0 3.0 3.0 3.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5
		17 2 17 2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		6: 5 3 PA
		<u> </u>
. If amending the registered agent and/or registered	ed office address on our records, ent	er the name of the
egistered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

FNA AUTO LLLC

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 for removed from our records:

MGR =	Manager		
AMBR =	Authorized	Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Remove
			Remove
			Change
*	 _		
			Remove
			☐ Change
			Add
			□ Remove
			Change

				
		<u> </u>		
				
 				
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	plock does not meet the ap	prior to date of filing opplicable statutory fi	(optional) r more than 90 days after filing.) Pr ling requirements, this date wi	ersuant to 605,0207 (3)(Il not be listed as the
ne record specifies a delayo The 90th day after the re		not an effectiv	e time, at 12:01 a.m. on	the earlier of:
Dated MAY 13	2019			
\bigcap		· _ 		
<u> </u>	V.		ive of a member	

Page 3 of 3

Typed or printed name of signee