

8/16/2017

Division of Corporations

L170002175603
 Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.
 Account Number : I20170000034
 Phone : (239)689-1096
 Fax Number : (239)791-8132

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Email Address: Legal@youradvocates
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 HAIMO INVESTMENTS, LLC**

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DIVISION OF CORPORATIONS
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AUG 17 2017

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HAIMO INVESTMENTS, 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 04/12/2017 and assigned
Florida document number L17000082174.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS

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

_____, Florida _____

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ERAN HAIMOVICH	6 ITSHAK SADE ST	<input type="checkbox"/> Add
		ZICHRON YAAKOV 3093949	<input type="checkbox"/> Remove
		ISRAEL	<input checked="" type="checkbox"/> Change
AMBR	VERED HAIMOVICH	6 ITSHAK SADE ST	<input type="checkbox"/> Add
		ZICHRON YAAKOV 3093949	<input type="checkbox"/> Remove
		ISRAEL	<input type="checkbox"/> Change
AMBR	YEHUDA HAIMOVICH	7 HADASIM ST	<input type="checkbox"/> Add
		AFULA 1837010 ISRAEL	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	IDO HAIMOVICH	7 HADASIM ST	<input type="checkbox"/> Add
		AFULA 1837010 ISRAEL	<input type="checkbox"/> Remove
			<input checked="" 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

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