

08/16/2017 06:45

(FAX)

P.001/005

8/16/2017

Division of Corporations

L1700021756082174
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

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

Email Address:

Legal@youradvocates.org
Legal@your-advocates.org

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HAIMO INVESTMENTS, LLC**

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Corporate Filing Menu

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AUG 17 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HALMO INVESTMENTS, LLC

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:

RITA JACKMAN

Name of Person

Firm/Company

4575 VIA ROYAAL STE 200

Address

FORT MYERS, FL 33919

City/State and Zip Code

LEGAL@YOUR-ADVOCATES.ORG

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

For further information concerning this matter, please call:

RITA JACKMAN

Name of Person

239
at ()
Area Code

689-1096

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**

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) _____

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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 DISPOSITION COORDINATING

FILED

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

FILED
AUG 16 AM 10:16
DIVISION OF CONSUMER AFFAIRS

F. Effective date, if other than the date of filing: _____ (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 AUGUST 16, 2017

~~Signature of a member or authorized representative of a member~~

RITA JACKMAN

Typed or printed name of signee