



# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	: Division of Cerporations Fax Numper : (850)617-6383	
Fr	om: Account Name : GILMAN CIOCIA INC. Account Number : I20120000051 Phone : (305)937-7773 Fax Number : (815)301-2897	
•*EI	ter the email address for this business entity to be used annual report mailings. Enter only one email address pl Email Address: <u>NADYA, USOV, chagtax</u>	for future ease.** <u>. COM</u>
SECKE INRY OF STATE FALLAHASSEE, FLORIDA	LLC AMND/RESTATE/CORRECT OR M/MG RE   YECHIEL MAOR LLC   Certificate of Status   0   Certified Copy   0   Page Count   Estimated Charge   \$25.00	SIGN 11 AM 10: 04
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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### YECHIEL MAOR LLC.

(Name of the Umited Lighibiry Company as it now appears on our records.) (A Florida Limited Lighility Company)

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 adaress

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#### 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.

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If Changing Registered Agent, Sig	name of New Registered Agent
Page 1 of 3	<u> </u>
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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 Title Name Address Type of Action MGR YONATAN DAGAN 18851 NE 29TH AVENUE bbA 🗄 \_ SUITE 101 🖸 Remove AVENTURA, FL 33180 D Change bbA 🗅 \_\_\_\_ Ddd \_ Remove \_\_\_\_\_ D Change \_\_\_\_\_ DbA 🖸 \_\_\_\_ Remove D Change \_D Add \_ Remove \_ Change 🗆 Add C Remove Change .... <u>.</u> 2 FILED -D.Add Remov



D. If amending any other information, enter change(s) here: (Anach additional sheets, (f recessary,)

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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.

