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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 362 GREGORY LLC

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Corporate Filing Menu

Help

S. WARREN

JUL 12 2017

7/11/2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 362 GREGORY LLC   |                        |  |                                   |  |  |
|---|------------------------|--|-----------------------------------|--|--|
| (Name of the Lin  | (A Floride Limited L   | y as it pow appears on our re-<br>ability Company) | sorth.)                           |  |  |
| The Articles of Organization for this Limited Florida document number L17000097828  | Liability Company v    | were filed on 05/02/2017                           | and assigned                      |  |  |
| This amendment is submitted to amend the fo   | llowing:               | 4- <sup>1</sup> 2                                  |                                   |  |  |
| A. If amending name, enter the new name of the limited liability company here:  |                        |  |                                   |  |  |
| he new name must be dissinguishable and contain the   | words "Limited Linbili | ty Company," the designation "                     | LLC" or the abbreviation "L.L.C." |  |  |
| Enter new principal offices address, if appl  | icable:                |  |                                   |  |  |
| (Principal office address MUST BE A STREET ADDRESS) c/o Shahar Shavit, 5 Engel Street, Kfar Saba 446  |                        | Street, Kfar Saba 4465109 Israel                   |                                   |  |  |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and egistered agent and/or the new registered. | d/or registered off    |  | ords, enter the name of the       |  |  |
|   | Smadar Vaknin          |  |                                   |  |  |
| Name of Name Designand Asset:   |                        |  |                                   |  |  |
| Name of New Registered Agent;   | 411 317 2-4 4          |  |                                   |  |  |
| Name of New Registered Agent: New Registered Office Address:  | 411 NE 2nd Avo         | :.<br>Enser Florida sirect ad                      | ktrss                             |  |  |
|   | 411 NE 2nd Avo         | Enser Florida street ad                            | ktivss<br>, Florida               |  |  |

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

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PH 12: 49

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> | Name           | Address                               | Type of Action |
|--------------|----------------|---------------------------------------|----------------|
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|              |                |                                       | Change         |
| MGR          | SHAVIT, SHAHAR | c/o Shahar Shavit, 5 Engel Street     |                |
|              |                | K.far Saba 4465109 Israel             | П Кеточе       |
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