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S. WARREN AUG 2 2 2017

COVER LETTER

Division of	f Corporations
ANCO	ONA GROUP LLC
5((b))).C.1	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
	respondence concerning this matter to the following:
	Harvey Ackerman
	Name of Person
	HZA LTD
	Firm/Company
	24 Agassi Street
	Address
	Jerusalem , Israel 9387724
	City State and Zip Code
	tackerman613@gmail.com
	E-mail address; (to be used for future annual report notalication)
For further informat	ion concerning this matter, please call:
Harvey Ackerman	917 475-0418
N.	at () ame of Person — Area Code — Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fo	ee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANCONA GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

r A Florida Lim	oted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{\text{L}47000118043}{\text{L}9000118043}$.	oany were filed on May	30, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	#
The new name must be distinguishable and contain the words "I imited	Liability Company." the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		The records care the name of the nex
New Registered Office Address:	_	
	Enter Florid	a street address
	Car	Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag		2.47 V. DHE
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of n as provided for in Ch ffice address. I hereby	y duties, and Lam familiar with and apter 605. F.S. Or, iFairs document is
		5m -

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>	Address	Type of Action
MGR	RONEN MONTYANO	10058 MONTAGUE STREET	
		TAMPA, FLORIDA 33626	□ Remove
			■ Change
MGR	ELISHEVA AVIVI	I BILU STREET	🗖 Add
		HERZLIYA, ISRAEL 46426	■ Remove
			☐ Change
AMBR	RINA ANCONA	10 BAREKET STREET	
		SHAREY TIKVA, ISRAEL 44810	☐ Remove
			■ Change
MGR	GOLDEN KEY GROUP LLC	10058 MONTAGUE STREET	■ Add
		TAMPA, FLORIDA 33626	□ Remove
			Change
			PAGE TO Add
			Remove

rd specifies a delaye Oth day after the recugust 16,2017 Harvey Ackerman (au	Signature of a memb	ner or authorized rep	resentative of a me	2	i.m. c	17 AUG 21 PH 12: 22	arlier of:
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		, but not an efi	ective time, a	at 12:01 a	ı.m. c	on the ea	arlier of:
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is effective date on the L	repartment of State	s records.					
the date inserted in this b	block does not meet t	the applicable stati	tiling or more than itory tiling requi	90 days after rements, this	filing.) date v	Pursuant to vill not be	605,0207 (2 listed as th
date, if other than the	e date of filing:			(opti	mal)		
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