

11/14/2017

L17000123904

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

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

Email Address: NADYA.USOVICH@gtox.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORIDA PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 NOV 14 AM 11:31

NOV 14 2017 11:31 AM

NOV 14 2017 11:31 AM
TALLAHASSEE, FLORIDA

2017 NOV 14 AM 11:07

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Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT
NOV 14 2017

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ORIDA PROPERTIES 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 06/06/2017 and assigned
Florida document number L17000123904

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)

66 LASKOV STREET

NATANYA

ISRAEL 426566

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>
MGR	ORNA REGINIANO	54 EAST 333 ST	<input type="checkbox"/> Add
		NEW YORK	<input checked="" type="checkbox"/> Remove
		NY 10022	<input type="checkbox"/> Change
AMBR	B.D.M.Y LTD	6 LASKOV STREET	<input checked="" type="checkbox"/> Add
		NATANYA	<input type="checkbox"/> Remove
		ISRAEL 426566	<input type="checkbox"/> Change
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