## 117000134100

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	<del>#</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	<del>)</del>
(Do	ocument Number)	<del></del>
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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William Partie

## **COVER LETTER**

Divi	sion of Corpo	rations	•			
SUBJECT:	DDJG FLAGI	LER LLC				
502525		Name of Limite	ed Liability Company			
The enclosed	Articles of An	nendment and fee(s) are subm	itted for filing.			
Please return	all corresponde	ence concerning this matter to	the following:			
		David Harari				
		****	Name of Person	·		
Firm/Company						
		125 NE 32nd St., Apt. 1918				
			Address			
		Miami, FL 33137				
			City/State and Zip Code			
	_	daveharari@gmail.com				
		E-mail address: (to	be used for future annual re	port notifi	cation)	
For further in	formation conc	erning this matter, please call	l:			
Dow	Varme of Pe	osacı	at ( <u> </u>	252	4143	
	Name of Po	erson	Area Code	Daytime	Telephone Number	
Enclosed is a	check for the f	ollowing amount:				
\$25.00 Fi	iling 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:

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

DOJO PLAGIER LLC		
( <u>Name of the Limited Liability Comp</u> : (A Florida Limited	any as it now appears on our records. Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number 1.17000134100	were filed on June 20, 2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		AS 2
		22 E
		24 ASS
nter new mailing address, if applicable:		70 T
Mailing address MAY BE A POST OFFICE BOX)		yese 4
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	Tice address on our records, <u>e</u> :	enter the name of the
Name of New Registered Agent:		. <u> </u>
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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

Title	<u>Name</u>	Address	Type of Action
MGR	BH3 ASSET MANAGEMENT LL	21500 Biscayne Blvd. STE. 302	
		Aventura, FL 33180	Remove
			Change
MGR	HARARI HOLDINGS LLC	125 NE 32nd St., Apt. 1918	Add
		Miami, FL 33137	Remove
			Change
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	specifies a d n day after t			e, but not	an effectiv	e time, at	12:01 a.n	n. on th	e earli	er of:
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-	,	Signa	ure of a men	ber or author	ized representa	tive of a meml	per	<del></del>	<del></del>	
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Page 3 of 3

Filing Fee: \$25.00