## L17000152459

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor                     |   | •   |  |  |  |  |
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| SCHIECT.   | Name of Lim                               | aited Liability Company   |  |  |  |  |
| The enclosed Articles of                                   | Amendment and fee(s) are sub              | omitted for filing.   |  |  |  |  |
| Please return all correspo                                 | ondence concerning this matter            | to the following:   |  |  |  |  |
|  | BEN MATITYAHU                             |   |  |  |  |  |
|  |   | Name of Person  |  |  |  |  |
|  | KSDT & COMPANY                            |   |  |  |  |  |
|  |   | Firm/Company  |  |  |  |  |
|  | 1625 N.COMMERCE STE 315                   |   |  |  |  |  |
|  |   | Address   |  |  |  |  |
|  | WESTON, FL, 33326                         |   |  |  |  |  |
|  | BMATTTYAHU@KSDT-0                         | Cny/State and Zip Code  |  |  |  |  |
|  | -   | to be used for future annual report notif                           | ication)   |  |  |  |
| For further information c                                  | oncerning this matter, please c           | all:  |  |  |  |  |
| BEN MATITYAHU  |   | 305 3703370   |  |  |  |  |
| Name o   | f Person                                  | at ()   | Telephone Number   |  |  |  |
| Enclosed is a check for the                                | ne following amount:                      |   |  |  |  |  |
| ■ \$25.00 Filing Fee                                       | S30.00 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: 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

2017 OCT 26 AM 11: 07

ALONHINVEST, LLC

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

| (A Florida   | a Limited Liab                            | oility Compar            | ny)                     | <del></del>                        | * * * * * * * * * * * * * * * * * * * |             |
|--|---|--------------------------|-------------------------|------------------------------------|---------------------------------------|-------------|
| The Articles of Organization for this Limited Liability Co<br>Florida document number <u>L17000152459</u>  | Company we                                | ere filed on             | 07/17/201               | 7                                  | and assign                            | ied         |
| This amendment is submitted to amend the following:  |   |                          |                         |                                    |                                       |             |
| A. If amending name, enter the new name of the limit   | <u>ited liabilit</u>                      | v company                | v here:                 |                                    |                                       | 1           |
| The new name must be distinguishable and contain the words "Limit  | nited Liability                           | Company," i              | he designatio           | on "LLC" or the al                 | breviation L.L.C                      |             |
| Enter new principal offices address, if applicable:  | -   | ····                     |                         |                                    |                                       |             |
| (Principal office address MUST BE A STREET ADDR  | RESS)                                     |                          |                         |                                    |                                       |             |
|  | _   |                          |                         |                                    |                                       |             |
|  |   |                          |                         |                                    |                                       | Ì           |
| Enter new mailing address, if applicable:  | -   |                          |                         | <del></del>                        |                                       | \           |
| (Mailing address MAY BE A POST OFFICE BOX)   | -   |                          |                         |                                    |                                       | i           |
|  | -   | <del></del>              |                         |                                    |                                       |             |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr   |   | e address                | on our r                | ecords, <u>enter</u>               | the name of                           | the new     |
| Name of New Registered Agent:  | <del></del>                               | <del></del>              |                         |                                    |                                       | <del></del> |
| New Registered Office Address:   |   |                          |                         |                                    |                                       |             |
|  |   | Enter                    | Florida stree           |                                    |                                       |             |
|  |   |                          |                         | , Florida                          |                                       |             |
| Non-Barbara d'Anna d'Aran de la Calabara de la Cala |   | City                     |                         |                                    | Zip Code                              |             |
| New Registered Agent's Signature, if changing Registered   |   |                          |                         |                                    | . i                                   |             |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.  | omplete pe<br>gent as pro<br>ed office aa | rformance<br>wided for i | of my dut<br>in Chapter | ies, and I am j<br>· 605, F.S. Or, | familiar with a<br>if this docume     | nd          |

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>        | Type of Action |
|--------------|-----------------|-----------------------|----------------|
| MGR          | SGL INVEST, LLC | 1625 N. COMMERCE PKWY |                |
|              |                 | SUITE 315             | □ Remove       |
|              |                 | WESTON, FL 33326      | □ Change       |
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| If an effective date is listed, the d. Note: If the date inserted in | n the date of filing:  the must be specific and cannot be prior to date of filing or more this block does not meet the applicable statutory filing rethe Department of State's records. | (optional) than 90 days after filing ) Pursuant to 605,0207 (3)() quirements, this date will not be listed as the |
| he record specifies a de<br>The 90th day after th                    | layed effective date, but not an effective time e record is filed.  | e, at 12:01 a.m. on the earlier of:   |
| 9/}4<br>Dated  | 2017  |   |
|  | - M.L.  |   |
|  | Separate of a member or authorized representative of a  | member  |
| ALON YOSEF I   | ACH - MGR  Typed or printed name of signee  |   |

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Filing Fee: \$25.00