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COVER LETTER

TO:

Registration Section **Division of Corporations**

R & M NA SUBJECT:	ADLAN LLC		
	Name of Lim	ited 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:	
	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 noti	fication)
For further information of	concerning this matter, please c	all:	
Harvey Ackerman		917 475-0418	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
Regist Divisi P.O. B	ANG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & M NADLAN LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nuted 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 ADD	<u></u>	
		= = = =
		7 672
Enter new mailing address, if applicable:		- 27
(Mailing address MAY BE A POST OFFICE BOX)		
A		
		<u> </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Floric	da
	Сцу	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>	Type of Action
AMBR	Ran Harel	9 SHLOMIT STREET	O Add
		TEL AVIV. ISRAEL 6437119,	Remove
		Change spelling of first name	■ Change
			Add
			Remove
			□ Change
			
			□ Remove
			Sin Change T
			□ Add □ □ Remove
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change

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•	دن هوه
	- Y
(If an o	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at $12;01$ a.m. on the earlier of e 90th day after the record is filed.
Date	d 10.24.2017
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00