L17000157705

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ECRETARY OF STATE

JUL 26 MH 4: 47

COVER LETTER

TO:	Registration Sec Division of Corp						
CHDIC	NATALIAY	Y LLC					
Name of Limited Liability Company							
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please r	eturn all correspor	ndence concerning this matter	to the following:				
		Harvey Ackerman					
			Name of Person				
		HZA LTD					
		-	Firm/Company				
		24 Agassi Street					
			Address				
		Jerusalem Israel					
			City/State and Zip Code				
		tackerman613@gmail.com					
For furt	her information co	n-man address: (to be used for future annual report notif all:	ication)			
Harvey	Ackerman		917 475-0418 at ()				
	Name of	Person	Area Code Daytime	: Telephone Number			
Enclose	d is a check for th	e 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)			

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

NATALIAY LLC			
(Name of the Limi	ted Liability Compan (A Florida Limited L	iy as it now appears of iability Company)	our records.)
The Articles of Organization for this Limited L		were filed on July 2	4. 2017 and assigned
lorida document number L17000157705	 -		
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here	
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the desig	enation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
			26 128 1888
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			937 E
			3
If amending the registered agent and registered agent and/or the new registered or			ur records, enter the name of the
	-		
Name of New Registered Agent:	HI LIFE PROPI	ERTY MANAGEME	NT LLC
New Registered Office Address:	7520 BUCCAN	EER AVENUE	
		Enter Florida	street address
	NORTH BAY	VILLAGE	, Florida <u>33141</u>
		City	Zıp 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

Page 1 of 3

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
			☐ Remove
•			Change
<u>-</u>	*/**	<u> </u>	Add
			□ Remove
			☐ Change
			Add
			T.C. FRemove
			CREATING CHANGE TO THE PROPERTY OF THE PROPERT
			Change
			□ Change

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ated _	July 23		··	2018	<u> </u>				
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Page 3 of 3

Filing Fee: \$25.00