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(Requ	uestor's Name)	
(A.1.)		
(Addi	ess)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co				
KOSHER SUBJECT:	GROUP, LLC			
SUBJECT.		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	NETANEL AZULAY			
		Name of Person		
	KOSHER GROUP, LLC			
	Firm/Company			
	5415 INTERNATIONAL	5415 INTERNATIONAL DRIVE		
		Address		
	ORLANDO, FL 32819			
		City/State and Zip Code		
	SGELLEY@BLACKSTON			
	E-mail address: (to be used for future annual report notific	ration)	
For further information of	concerning this matter, please c	all:		
NETANEL AZULAY		407 284 8319 at ()		
Name (of Person	Area Code Daytime 1	Felephone 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)	

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

KOSHER GROW) ; kk (.		
KOSHER GROWN (Name of the Limit	(A Florida Limited	any as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited L	• • •	were filed on	8 8 17 and assigned
Florida document number <u>£17000169</u>	017		
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name o	f the limited lial	oility company he	re: 1 1 1 T
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the d	esignation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	able:		<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)		
			, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		8559 BANYAN	BOULEVARD
(Mailing address MAY BE A POST OFFICE	BOX)	ORLANDO, FL	. 32819
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, enter the name of the new
Name of New Registered Agent:	NETANEL AZ	ZULAY	
New Registered Office Address:	8559 BANYA	N BOULEVARD	
		Enter Flor	ida street address
	ORLANDO		, Florida 32819
		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 Chapging 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>	Address	Type of Action
MGRM	HANANYA AZULAY	8607 SANDBERRY BLVD	
		ORLANDO, FL 32819	■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Ghange
			Remove Change
			□ Chánge · · · · · · · · · · · · · · · · · · ·
			☐ Remove
			Change
			Add
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			☐ Change
			Add
			☐ Remove
			☐ Change

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		17 NOV
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E. Eff	ective date, if other than the date of filing: (optional)	
(Itar	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	 Pursuant to 605.0.
doc	ument's effective date on the Department of State's records.	will not be fisted
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier
(b) T	he 90th day after the record is filed.	
	CONTRACTOR LIVERY	
Dat	ed	
	(· 4	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00