# 47000188441

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### **COVER LETTER** \*\*

Division of Corpo	rations		
A.S.TRICOLO SUBJECT:	OR PROPERTIES LLC		
	Name of Limite	ed Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Harvey Ackerman		
		Name of Person	
	HZA LTD		
		Firm/Company	<del></del>
	24 Agassi Street		
		Address	
	Jerusalem , Israel 9387724		
		City/State and Zip Code	·
1 -	tackerman613@gmail.com		
	E-mail address: (to	be used for future annual report notificati	on)
For further information conc	cerning this matter, please call	:	
Harvey Ackerman		917 475-0418	
Name of Pe	erson	at () Area Code Daytime Tel	ephone Number
Enclosed is a check for the f	ollowing 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:

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

# **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		LOR PROPERTIES LLC		
SOBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		Harvey Ackerman		
		<del></del> -	Name of Person	
		HZA LTD		
			Firm/Company	
		24 Agassi Street		
			Address	
	·	Jerusalem, Israel 9387724		
			City/State and Zip Code	
		tackerman613@gmail.com		· · · · · · · · · · · · · · · · · · ·
For furt	her information c	e-mail address: (	to be used for future annual report notifiall:	ication)
Harvey	Ackerman		917 475-0418	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

A.S.TRICOLOR PROPERTIES LL			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Labeled	ne Articles of Organization for this Limited Liability Company were filed on September 5, 2017 orida document number L17000188441		
his amendment is submitted to amend the following	owing:		
a. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the w	ords "Limited Liabi	·	abbreviation "L.L.C."
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		2701 Langston Court	<u> </u>
Principal office address MUST BE A STREE	T ADDRESS)	Fort Pierce, Florida 34950	SECONALLUSEC
nter new mailing address, if applicable:		2701 Langston Court	ARY OF
Mailing address MAY BE A POST OFFICE BOX)		Fort Pierce, Florida 34950	6 FE
			PATE DRIEF
•			A
i. If amending the registered agent and egistered agent and/or the new registered of	~		r the name of the n
Name of New Registered Agent:	Asi Sabag		
New Registered Office Address:	2701 Langston	Court	
		Enter Florida street address	
	Fort Pierce	, Florida <sup>3</sup>	4950
	•	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rachel Bonan	461 TAMARIND DR.	
		HALLANDALE BEACH, FL	Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
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fective date, if other than the da	te of filing:		(onti	ional)	
n effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be	prior to date of filing	or more than 90 days afte	r filing.) Pursuant to 605.02	)207 i as
cument's effective date on the Depa					
record specifies a delayed e	ffective date, but	not an effecti	ve time, at 12:01	a.m. on the earlier	r o
he 90th day after the record					
February 6	2018				
ted 1 co. umy 0	;	·			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00