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| (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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COVER LETTER

| TO: Registration S Division of Co | | | |
|---------------------------------------|--|---|--|
| FOOZOLO | OGY LLC | | |
| 30bster | Name of Lin | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | , |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Shimon Hadad | | |
| | | Name of Person | |
| | | Firm/Company | |
| • | 8932 Water Tupelo Roa | d | |
| · | Fort Myers, FL 33932 | Address | - |
| | Floridadry@gmail.com | City/State and Zip Code | |
| r | | to be used for future annual report no | otification) |
| For further information of Avi Bitton | concerning this matter, please c | 305 930-5205 | |
| Name (| of Person | at () Area Code Dayti | ime Telephone Number |
| Enclosed is a check for t | the 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, FI, 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

| FOOZOLOGY LLC | | | | |
|---|--|---|---------------------------|--|
| (Name of the Lin | itted Liability Comp (A Florida Limited | nny us it now appears Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Florida document number L17000202995 | Liability Company | y were filed on 10/0 | 02/2018 | and assigned · |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited liab | bility company her | <u>·e</u> : | |
| The new name must be distinguishable and contain the | words "Limited Linb | ility Company," the des | signation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if appl | cable: | N/A | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | 77 |
| • | | | | 11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15 |
| Enter new mailing address, if applicable: | to amend the following: the new name of the limited liability company here: ble and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." address, if applicable: ST BE A STREET ADDRESS) f applicable: POST OFFICE BOX) North Mlami Beach, FL 33180 Post of agent and/or registered office address on our records, enter the name of the new registered office address here: ered Agent: Shimon Hadad B932 Water Tupelo Road Enter Florida street address | | | |
| (Mailing address MAY BE A POST OFFICE | EBOX) | North Miami Bea | <u>-n-:</u> [| |
| | , | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | Nor registered o | office address on re: | our records, <u>enter</u> | the name of the new |
| Name of New Registered Agent: | Shimon Hada | ıd | | |
| New Registered Office Address: | 8932 Water T | upelo Road | | |
| | | Enter Floria | la street address | |
| | Fort Myers | | , Florida ³³⁹ | 932 |
| | | 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, Signafare of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------------------------------|--|
| AMBR | Avi Bitton | 58 Marine Parade Drive, APT 1002 | |
| ···- | | Etobicoke, Ontario, CA M8v4g1 | |
| | | | ☐ Remove |
| • | | | ■ Change |
| MGR | Maya Amitzy | 2120 SW 52nd Avenue | |
| | | Plantation, FL 33317 | |
| | | | Remove |
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| ective date, if other than the a effective date is listed, the date mute: If the date inserted in this blowment's effective date on the D | st be specific an ock does not | id cannot be price meet the appl | or to date of fi icable statute | ing or more than 9 | (optional 0 days after filing ments, this date | g.) Pursuant to | 50 0 605.02 1 listed |
| record specifies a delayed The 90th day after the rec | | | ot an effe | ctive time, at | 12:01 a.m. | on the e | arlier |
| ted August 27 | | 2018 | | | | | |
| | | | | | ····· | | |
| | Signature of a | member or aut | norized repres | entative of a mem | ber | | |

Page 3 of 3

Filing Fee: \$25.00