

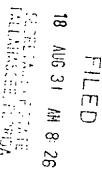
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COVER LETTER

ŢΟ		istration Section of Corp				
61 1 11	n irzyr.	AMJR EQUI	ITY LLC			
SUI	вјест:		Name of Limit	ted Liability Company		
The	enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Plea	ase return	all correspon	dence concerning this matter t	o the following:		
			Miriam Schwartz			
				Name of Person		
			AMJR Equity LLC			
				Firm/Company		
			5640 Collins Ave Apt 2A			
				Address		
			Miami Beach, FL 33140			
			yehuda@royalfoodfl.com	City/State and Zip Code	,	
			E-mail address; (to	be used for future annual i	report notificatio	n)
For	further in	formation con	ncerning this matter, please ca	II:		
Ye	huda Bana	ayan		347 371 at ()	1-3292	
		Name of I	Person	Area Code	Daytime Tele	phone Number
Enc	losed is a	check for the	following amount:			
	\$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is encl		☐ \$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

AMIR EQUITY LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on
Florida document number L17000246480

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation, LLC.

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

Name of New 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	Yehuda Banayan		
		_	Remove
			Change
AMBR	Binyamin Ari Banayan		= Add
			□ Remove
			☐ Change
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	ord specifies a delayed effective date, but not an effective ti 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of:
Dated .	August 28, 2018	
, Jacob	Signature of a member or authorized representative	
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Filing Fee: \$25.00