

3/8/2018

Division of Corporations

L18000056602
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000077059 3)))



H180000770593ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GILMAN CIOCIA INC.
Account Number : 120120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: eliza.benshimon@gtax.com

FILED
18 MAR -9 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2018 MAR -9 AM 8:31

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REL WHOLESALE GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

L18000056602

Electronic Filing Menu

Corporate Filing Menu

O SIMMONS
Help
MAR 12 2018

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REL WHOLESALE GROUP 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 MARCH 02 2018 and assigned
Florida document number L18000056602.

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 "L.L.C."

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
AMBR	EFRAIM KANNER	6901 SIENNA CLUB DRIVE	<input type="checkbox"/> Add
		LAUDERHILL, FL, 33319	<input checked="" type="checkbox"/> Remove - only 2nd member
		(should be recorded only Once - member #1 not 1+2)	<input type="checkbox"/> Change
AMBR	ROEI VAANUNU	6901 SIENNA CLUB DRIVE	<input checked="" type="checkbox"/> Add
		LAUDERHILL FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAR - 9 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
MAR 9 AM 8:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 08, 2017

Signature of a member or authorized representative of a member

EFRAIM KANNER

Typed or printed name of signer