7/5/2018

## B O C Division of Comparison C C 2 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : GILM

: GILMAN CIOCIA INC.

Account Number : I20120000051

: (305)937-7773

Phone

(303)33/~///3

Fax Number : 0

: (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: NADYA, USOVich QOLAX. COM

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

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REL WHOLESALE GROUP LLC	;					
(Name of the Limit	ed Llability Compai (A Florida Limited L	ny as it now appears on our records.) ashility Company)				
The Articles of Organization for this Limited L. Florida document number L18000056602	iability Company	were filed on <u>03/02/2018</u>	and assigned			
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		2269 SOUTH UNIVERSITY DRIVE				
		UNIT 5106				
(Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE, FL 33324				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2269 SOUTH UNIVERSITY DRI	VE			
		UNIT 5106				
		FORT LAUDERDALE, FL 33324				
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our records, <u>cr</u> <u>re</u> :	nter the payme of the no			
Name of New Registered Agent: ROEI VAANU		JNU	3 to 1			
New Registered Office Address:	2269 SOUTH	UNIVERSITY DRIVE UNIT 5106				
	FORT LAUD	Enter Florida street address ERDALE	33324 50 Zin Code			
	101121021	Cin	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

Title	Name	Address	Type of Action
AMBR	EFRAIM KANNER	6901 SIENNA CLUB DR	Add
		LAUDERHILL, FL 33319	Remove
			☐ Change
AMBR	ROEI VAANUNU	2269 SOUTH UNIVERSITY DR	D&d
		UNIT 5106	Remove
		Fort Lauderdale, FL 33324	Change
			□ Add
			☐ Remove
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ument's effective date on the Department of	State & records.				
record specifies a delayed effective	date, but no	t an eff <b>ect</b> iv	e time, at 12	:01 a.m. or	the ear
he 90th day after the record is filed	•				
ed JULY 5	2018	<u></u> .			

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