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Amend

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I ALBRITTON

COVER LETTER

	Registration Se Division of Cor		ν.	
SUBJEC		UMBIA 4. LLC		
SUBJEC	, I ·	Name of Lim	nt d Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	m-tted for filing.	
Please re	turn all correspo	indence concerning this matter	te the following:	
		SHANNY BREGMAN		
			Name of Person	
		GOLDTREE TAX SERVI	CES LLC	
			Firm/Company	
		56 GLENWOOD DRIVE	NORTH	
			Address	
		BERGENFIELD, NJ 0762	1	
			City/State and Zip Code	
		arnon.gitelman@gmail.com	to be used for future annual report notific	cation)
For furth	er information c	oncerning this matter, please ca		
SHANN	Y BREGMAN		516 2526007	
	N une o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.0	00 Filing Fite	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			-	
		ING ADDRESS:	STREET/COURIE Registration Section	

R :gistration Section Existion of Corporations P O. Box 6327

Talfahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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ARTICLES OF C	ORGANIZATION 💆 🗼		
О	F CAN TO SERVICE TO SE		
ATG COLUMBIA 4. LLC	The said than annuar on our records I		
(<u>Name of the Limited Liability Compa</u> (A Florada Limited I	بر (Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on MARCH 07, 2018 and assigned		
	and assigned		
Florida document number 1.18000060294			
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the Emited liab	ility company here:		
A. If amending name, enter the new name of the ranged hab	mey company neve.		
The new name must be distinguishable and contain the words "i united Liabil	lity Company "the designation "11 C" or the abbreviation "11 C"		
2.1/5.14.8./318024.1.670			
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	HOD HASHARON, ISRAEL 4535966		
Enter new mailing address, if applicable:	34/5 HAODEM ST. HOD HASHARON, ISRAEL 4535966		
Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office address her			
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
Name of New Registered Agent:	Enter Florida street address Florida		
New Re istered Office Address:	Enter Florida street address , Florida Cuy Zip Code		
Name of New Registered Agent:	Enter Florida street address , Florida Cuy Zip Code		

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>	Address	Type of Action
MGR	ATG INVESTMENTS LLC	34/5 HAODEM ST.	■ Add
		HOD HASHARON, ISRAEL 4535966	Remove
			Change
MNG	GITELMAN ARNON	34/5 HAODEM ST.	
		HOD HASHARON, ISRAEL. 4535966	Remove
MNG	CITELMAN TAMAR	34/5 HAODEM ST.	
		HOD HASHARON, ISRAEL 4535966	□ Remove
			□ Change
MGR	EUSHNER JONATHAN	1625 N COMMERCE PKWY SUITE 345	Add
		WESTON, FL 33326	■ Remove
			□ Change
MGR	MATITYAHU BEN	1625 N COMMERCE PKWY SUITE 315	
		WESTON, FL 33326	■ Remove
			Change
	<u> </u>		
			□ Remove
			☐ Change

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ffective	date, if other than the da	ate of filing:	(opt	ional)
iote: Ii	ive date is listed, the date must be the date inserted in this block t's effective date on the Depa	k does not meet the applicabl	late of filing or more than 90 days after e statutory filing requirements, th	er filing.) Pursuant to 605,0207 is date will not be listed as
	rd specifies a delayed e Oth day after the record		n effective time, at 12:01	a.m. on the earlier of
ated M	IAY 20	19		
		1/	ed representative at a member	
		gnature of a member or authorize	ed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00