

11/15/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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:

NADYA.USOVICH@fcorp.com

**LLC AMND/RESTATE/CORRECT OR MMG RESIGN  
9370 SUNRISE LAKES BLVD 107 LLC**

Certificate of Status	0
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Page Count	01
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2018 NOV 14 AM 7:01

Electronic Filing Menu

Corporate Filing Menu

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NOV 15 2018

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
18 NOV 14 AM 10:10  
TALLAHASSEE, FLORIDA

9370 SUNRISE LAKES BLVD 107 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 04/19/2018 and assigned  
Florida document number LI8000099296.

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:

9370 SUNRISE LAKES BLVD #107

(Principal office address MUST BE A STREET ADDRESS)

SUNRISE, FL 33322

Enter new mailing address, if applicable:

1439 N. Lake Dr

(Mailing address MAY BE A POST OFFICE BOX)

LAKEWOOD, NJ 08701

**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:

LIMOR ROSENBERG

New Registered Office Address:

3575 N. E. 207 SREET Unit B 12

*Enter Florida street address*

AVENTURA

Florida 33180

*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>
MGR	HAYON, ILAN	9619 CLEMMONS ST PARKLAND, FL 33076	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JONATHAN ZUCKERMAN	1439 N. Lake Dr.	<input checked="" type="checkbox"/> Add
		Lakewood, New Jersey 08701	<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

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

N/A

18 NOV 19 11:00 AM  
F-11 (E1)

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 11/13/2018

Signature of a member or authorized representative of a member

ILAN HAYON

Typed or printed name of signer