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Office Use Only



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CHO IFCT	SHOWCA:	SE BUSINESS ENTERPRISE	LLC			
SUBJECT: Name of Limited Liability Company						
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	rn all correspo	ondence concerning this matter	to the following:			
		Itzhak Zohar				
			Name of Person			
			Firm/Company			
		807 Ty	ler Street			
			71001033			
		Holly wood	FL 3301	9		
			City/State and Zip Code			
		isaaca Sh E-mail address: (City/State and Zip Code OUCESC DUSINESSE WED! To be used for future annual report not	ise com ification)		
For further	information c	concerning this matter, please c				
ltzhak Zoh	ar		, e.u . 917	- 5(1)		
Name of Person		of Person	at (SIY) 917 Area Code Daytin	ne Telephone Number		
Enclosed is	a check for t	he following amount:				
⊠ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registi Divisio P.O. B	ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOWCASE BUSINESS ENTERPRISES LLC

2019 STT 20 AM II: 50

(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 I Florida document number L18000112371	Liability Company were filed on 05/04/2018	and assigned
This amendment is submitted to amend the fol		· .
A. If amending name, enter the new name of	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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	Nor registered office address on our records, <u>c</u>	enter the name of the new
Name of New Registered Agent:	Itzhak Zohar	
New Registered Office Address:	BO7 Tyler Street Enter Florida street address Hollyword, Florida City	
	Holl, word Floris	da 33019
	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>	Type of Action
AMBR	Claude Albert Johnson	807 Tyler Street, Hollywood, FL 33019	□ Add
			Remove
	Itzhak Zohar	<u> </u>	Change
AMBR	LZHAK ZOHAL	807 Tyler Street, Hollym.	FL 33cin Add
			Remove
			Change
		_	
			Remove
			☐ Change
			Add
	·		□ Remove
			☐ Change
<u></u>			□ Add
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ective date, if other the effective date is listed, the dee: If the date inserted in ument's effective date or	ate must be specific a this block does not	nd cannot be prior to meet the applicab			ling.) Pursuant to 605	
record specifies a de he 90th day after th			an effective tim	ie, at 12:01 a.	m. on the earlie	er o
September 16		2019				
	/_ /	2 - 21				
	Signature of	a member or authoriz	ed representative of	a member		
			ン			
Itzhak Zohar Att	orney-in-Fact for C	Hande Johnson				

Page 3 of 3

Filing Fee: \$25.00