L18000112673

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor					
OLIDA		OLDINGS LEC				
SUBJECT:						
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter				
	·	NIR ZARIFI				
			Name of Person			
NIR ZARIFI						
	Firm/Company					
HATIVAT ALEXANDRONI 3, UNIT 23						
	Address					
RAMAT HA SHARON ISRAEL 47307					63	
		nirzarifi@gmail.com	City/State and Zip Code		2918 OCT	
		E-mail address: (to be used for future annual report notifica	tion)	$\frac{1}{\omega}$	Sustain.
For fu	rther information c	oncerning this matter, please ca	all:		- ::::: 	
YOAY	V LAVEE		904 3858030 at ()		PM 3: 81	\$ 4 5 4
	Name o	f Person		elephone Number	(A)	
Enclos	sed is a check for th	ne following amount:				
\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Certificate of Certified Cop (additional copy	Status & oy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZARIFI HOLDINGS LLC			
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	iow appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were fil Florida document number £18000112673	led on 05/04/2018	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	npany here:		
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the al	obreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ad	dress on our records, <u>enter</u>	the name	f the new
registered agent and/or the new registered office address here:		000	
Name of New Registered Agent:		$\frac{1}{2}$ $\frac{\overline{\omega}}{\omega}$	prom
New Registered Office Address:		. 70	
	Enter Florida street address	7 (2)	-
	Darida	dz	- 1-

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.

City

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	DUVAL HOMES LLC	1080 Edgewood Ave S suit 5, Jacksonville, FL 32205	■ Add
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			☐ Change
			
			□ Remove
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			in □ Add Team
			Regigve)
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tive date, if other than the da flective date is listed, the date must be If the date inserted in this block ment's effective date on the Depa	ate of filing: c specific and cannot be price k does not meet the appli	cable statutory fili	(opti- more than 90 days after ng requirements, this	filing.) Pursuant to 605
ecord specifies a delayed e e 90th day after the record	ffective date, but n d is filed.	ot an effective	time, at 12:01 a	a.m. on the earli
OCTOBER 24	2018	·		
	gnature of a member or aut			

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Filing Fee: \$25.00