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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POLEG PROPERTIES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Poleg Properties LLC		
(Name of the Limited Liability Con (A Florida Limit	number of the contract of the records.) and Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filer on 05/10/2018	and assigned
Florida document number L18000118140	•	
This amendment is submitted to amend the following:	. Fixe	
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS	2	
		wid Stan
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		COST 100 Person
		3 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address i	l office addisess on our records, here:	enter the name of the new
	· <u>\$</u>	•
Name of New Registered Agent:		
New Registered Office Address:	Herer Florida street address	
·	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 increty 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:

r. Fi

∴;

MGR = Manager AMBR - Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Omer Poleg	Harambam 15, Pardesiya	■ Add
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Effective date, if other than the date fan effective date is listed, the date must be sp. Note: If the date inserted in this block document's effective date on the Department of the record specifies a delayed effective date on the Poth day after the record is Dated. May 24 Dated.	nent of State's records. active date, but not an effe s filed.	ing or more than 90 days after y filing requirements, the second	a.m. on the earlie	er o