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Ld. 12/22/20

COVER LETTER

Division of Corporations		, , , , , , , , , , , , , , , , , , ,	•	
SUBJECT: GOA	Hold i	ed Lithlity Company	ni LLC	
The enclosed Articles of Amendment a	nd fee(s) are subn	nitted for filing.		
Please return all correspondence conce	rning this matter to	o the following:		
	Arile 1	A2Ulay Name of Person		
_6	OA Holl	dings Mia	mi LLC	
		JE 185 S Address		
Billin	Que invoct	City/State and Zip Code The Thorac Hill The be used for future annual rep	s 179 s (early . Com	
For further information concerning this	matter, please cal	l:		
Noga Ala Name of Person	\mathcal{W}	at (TSU) <u>Q</u> Area Code	09-3758 Daytime Telephone Number	_
Enclosed is a check for the following a	mount:			
-	Filing Fee & cate of Staius	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		of Status &
Mailing Address: Registration Section		<u>Street Addr</u> Registratio		
Division of Corporations			of Cornorations	

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

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number _L_1\\ 2000\lambda 29246 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: (Principal office address MUST BEA STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing:					
(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 605.0. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 toord is filed.					
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Dated November 12 2020	the record specifies ord is filed.	a delayed effective date, but not a	an effective time, at 12	:01 a.m. on the earlier of:	(b) The 90th day after the
// / / / / / / // // // // // // // //	Dated N	ovember 12.	2020		
Signature of a member or authorized representative of a member		Signature of a n	ember or authorized repr	resentative of a member	
ARIK AZULAY Typed or printed name of signee		N O 5 1.		,	

Filing Fee: \$25.00

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