# L1800147584

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## **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJE	ст: <u>  15f</u>	2A (nvest me Name of Lim	Lu 4-3 LLC nited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		Klau	Name of Person	
		b.cmbie	Assizel Law Circu	T LL
		LOUS L	Address	re 2.50
			Reaction Code  City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please ca	all:	
	Marhen	1/01+2	at (305) 330 Area Code Daytim	Ce 928
	Name of	Person	Area Code Daytim	e Telephone Number
EncJose	d is a check for the	e following amount:		
<b>™</b> \$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)

#### 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

ISRA Investments, 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 6 14 2018 and assigned Florida document number 6 18 000 14 758 4
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 BE A STREET ADDRESS)
De Production de la company d
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
, Florida
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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Man AMBR = Aut	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
MGIR	A-France luvertments LLC	605 Lincoln Rd, Soite DO	□ Add
		Miami Beach, Fe 33139	M Remove
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Filing Fee: \$25.00