## L18000165857

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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
Josman I	Real Estate Bellaria Way, LLC		
	Name of Li	mited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
	pondence concerning this matte		
	Lucas Geren		
		Name of Person	
	Hill, Kertscher & Wharto	n, LLP	
		Firm/Company	
	3350 Riverwood Parkway	. Suite 800	
		Address	
	Atlanta, GA 30339		
		City/State and Zip Code	
	lg@hkw-law.com		
		to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Lucas Geren		678 384-7457 at () Area Code Daytime	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)

MAILING ADDRESS:

. . . ٠,

> 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 ARTICLES OF ORGANIZATION OF

Josman Real Estate Bellaria Way, 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 July 9, 2018  Florida document number L18000165857		and assigned	
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	he abbreviation "L.I	"C."	
Enter new principal offices address, if applicable:	•	0	
(Principal office address MUST BE A STREET ADDRESS)	<b>8</b>	SIA	
	<u> </u>	2 <u>2</u> 2	
Enter new mailing address, if applicable:	8	FILEU ARY COR	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	DRS:	
		<u>- &gt; ≥ − − − − − − − − − − − − − − − − − −</u>	
B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	ter the name o	f the nev	
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
, Florida			
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code	·	

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>	Address	Type of Action
MGR	Stephanie Josman	2229 Sidney Drive	<b>=</b> Add
		Gainesville, GA 30506	Remove
			Change
	<del></del>		Add
		·	Remove
			Change
			□ Add
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i an cii <u>Note:</u>	te date, if other than the date of filing:	1 Programme to 605 /	020 d a
e red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlie	er c
Dated	uly 17 . 2018		
	Signature of a member or authorized representative of a member		
	Zeev Josephan		

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Filing Fee: \$25.00