

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	<del>#)</del>
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PICK-UP	MAIT WAIT	MAIL
(Bu	ısiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	ZEFIN	HA LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Stad SAM Name of Person	105
	Isn	gel Sunds Lun Firm/Company	P.A.
		Firm/Company	
	3520	E FARVIEW Address	57
		Address	<u> </u>
	MIA	R 3713.	3
	/ S r q E-mail address: (	City/State and Zip Code  Elson ds O Sm  to be used for future annual report noting	cs/. Consideration)
For further information	concerning this matter, please c		
The	l	at ( $3i\sqrt{5}$ ) Daytime	51.3333
Name	of Person	Area Code Daytime	· Telephone Number
Enclosed is a check for	the following amount:		
. /	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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
Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o liability Company)	ir records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on ANGO	17,2018	_ and ass	igned
This amendment is submitted to amend the following:				•
A. If amending name, enter the new name of the limited liab	ility company here:			
	Same			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa-	ion "LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:		<u> </u>	·	
(Principal office address MUST BE A STREET ADDRESS)		une !	00	~""
		76.3 20	1	
		71.1. 173.	·	i I
Enter new mailing address, if applicable:		· · ·	- P <b>x</b>	
(Mailing address MAY BE A POST OFFICE BOX)		ane 3		
		ਜ਼- ਨ	- =	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter th	e name	of the r
Name of New Registered Agent:	Sa	<u></u>		
New Registered Office Address:	Sa	me	_	
	Enter Florida str	vet address		
		Florida		
	Ciţ		Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

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, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name Address **Type of Action** ILAN GLUZMAN 5555 GILLS AV #1215 Add MGR MIAMI BEACH 9 33/40 Remove \_\_\_\_\_ Change MGR ILAN GLYZMANTTE 5555 GIling A # DL DAdd. MIAMI BEACH R 33140 Remove ONLY CHANGE IS REMOUING "TTE" AFTER ILAN GLYZMAN \_\_\_\_ □ Change Rempve ☐ Remove \_□ Add ☐ Remove \_□ Change  $\square$  Add ☐ Remove ☐ Change

<del></del>	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.		_
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an effective ote: If the	late, if other than the date of filing:	Pursuant to 60	05.020 sted <b>a</b> :
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the earl	lier o
ated	SEPTEMBER 26. 2018.		
_			
	Signature of a member or authorized representative of a member		
	I SRAEL SANDS		

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Filing Fee: \$25.00