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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Name of Limited Liability Company	
The e	enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Yair Pelossof Name of Person	
	Firm/Company	
	15967 Triple crown ct	
	Address Fort Myers 33 912 City/State and Zip Code Peloss of Vair @ yahoo, com E-mail address: (to be used for future annual report notification)	
Dan B	urther information concerning this matter, please call:	
	Vair Pelo 550 A Name of Person at (454) Area Code Daytime Telephone Number	
Enclo	osed is a check for the following amount:	
□ S	S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) 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

	ENTS LLC
(Name of the Limited Liability Compa (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800 0 1 9 88 7 1</u>	were filed on $8/20/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil RASH INVESTMENT. The new name must be distinguishable and contain the words "Limited Liabil"	- E LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A 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 of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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 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>	Name	Address	Type of Action
			Add
			☐ Remove
		 	☐ Change
			Add
			Remove
			☐ Change
			
			□ Remove
			Change
	/	/	
			Remove
			☐ Change
			☐ Remove
			☐ Change
			∩ Add
			□ Remove
			☐ Change

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Filing Fee: \$25.00