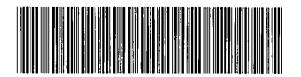
## L18000217383

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## **COVER LETTER**

Division of C	orporations				
CUDICCT.	SHALOM AF	IAVA CAPITAL, LLC			
SUBJECT:	Name of Lim	Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		WINSTON B. MOXEY			
	Name of Person				
	SHALOM AHAVA CAPITAL, LLC				
	Firm/Company				
	1113 N. PINE HILLS ROAD				
	ORLANDO, FLORIDA 32808-7125  City/State and Zip Code				
	E mail addracs: (	bowerbank@cfl.rr.com to be used for future annual report no	tification)		
For further information	n concerning this matter, please c		(incarron)		
WINSTON B. MOXE	eY	407 523-2500 at () Area Code Daytii			
Nam	e of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Add Registration		Street Address: Registration S	ection		

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

2023 SEP 14 AH 7: 37 SHALOM AHAVA CAPITAL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/13/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned L18000217383 Florida document number \_\_\_\_ 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) 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 City 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>	<u>Name</u>	Address	Type of Action
AMBR	LEROY HOWARD	1113 N. PINE HILLS RD. ORLANDO, FL 32808	🖹 Add
			□Remove
			Change
			□Add
			🗆 Remove
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			Remove
			□Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
***	
	<del> </del>
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(If an effective dat Note: If the da	e, if other than the date of filing:    O9/08/2023   (optional)
the record specificant is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	SEPTEMBER 08 2023
	N N.1
	Signature of a member or authorized representative of a member
	WINSTON B MOXEY

Filing Fee: \$25.00