

L18000223883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

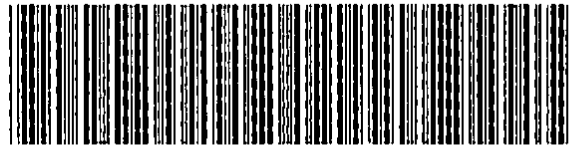
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OCT 15 2018

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 25 2018

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEAT NEAT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harvey Ackerman

Name of Person

IIZA LTD

Firm/Company

24 Agassi Street

Address

Jerusalem , Israel 9387724

City/State and Zip Code

tackerman613@gmail.com

E-mail address: (to be used for future annual report notification)

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18 OCT 15 AM 7:36
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Harvey Ackerman

917 475-0418

at (_____) _____

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:
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**

NEAT NEAT 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 September 20, 2018 and assigned Florida document number 118000223883.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2054 Vista Parkway Suite 400

West Palm Beach Florida 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2054 Vista Parkway Suite 400

West Palm Beach Florida 33411

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TALLAHASSEE, FLORIDA

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:

Boez Istvan

New Registered Office Address:

2054 Vista Parkway Suite 400

Enter Florida street address

West Palm Beach

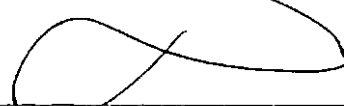
City

Florida 33411

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

Title	Name	Address	Type of Action
AMBR	BOCZ ISVTAN	3801 PGA BLVD	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bocz Istvan	2054 Vista Parkway Suite 400	<input checked="" type="checkbox"/> Add
		West Palm Beach Florida 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 PALM BEACH, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

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19
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 4 , 2018

Signature of a member or authorized representative of a member

Harvey Ackerman, authorized representative

Typed or printed name of signee