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(F	Requestor's Name)	
(/	Address)	
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(4	City/State/Zip/Phone #)	
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(	Business Entity Name)	<del></del>
(1	Document Number)	
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## **COVER LETTER**

9305 LLC SUBJECT:			
300,001	Name of Lim	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	David Ber		
		Name of Person	
	9305 LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	27921 Bonita Village Blvc	1. #9305	
		Address	
	Bonita Springs FL 34134		
	david.ber@epiasia.co	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
David Ber		786 223-4488	
Name	of Person	Area Code Daytim	ne 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

TO:

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**

(Name of the Limited)	Liability Compar Florida Limited L	ny as it now appears on our records. iability Company)	)
The Articles of Organization for this Limited Liab Florida document number 1.18000235858	ility Company	were filed on 10/4/2018	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	<u>ie limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the word	Is "Limited Liabili	ity Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	27921 Bonita Village Blvd. #930	95
Principal office address MUST BE A STREET A		Bonita Springs FL 34134	5 6.73
			<u> </u>
Enter new mailing address, if applicable:		27921 Bonita Village Blvd. #930	5 7
Mailing address MAY BE A POST OFFICE BO	<u> </u>	Bonita Springs F1, 34134	
. If amending the registered agent and/or			enter the name of th
gistered agent and/or the new registered offic	<u>e address here</u>	<b>;</b>	
Name of New Registered Agent:	David Ber		
New Registered Office Address:	27921 Bonita Vi	illage Blvd. #9305	
		Enter Florida street address	
	Bonita Springs	, Flor	ida <u>34134</u>
		City	Zip Code

#### w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany 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>	<u>Address</u>	Type of Action
MGR	Yoav Dror	479 Holiday Drive	
		Hallandale Beach FL 33009	
			■ Remove
			Change
	David Ber	27921 Bonita Village Blvd #9305	
MGR			<b>_</b>
	· ·	Bonita Springs FL 34134	
			□ Remove
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	t be specific and cannot be prior to ock does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02 de statutory filing requirements, this date will not be listed a
ecord specifies a delayed e 90th day after the reco		an effective time, at 12:01 a.m. on the earlier
November 14	2018	
	Signature of a member or authori.	-
1/ 1	arguature of a member of authori.	zed representative of a member

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Filing Fee: \$25.00