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Office Use Only



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2018 DEC -4 PH 6: 1:

C. GOLDEN DEC - 6 2018

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		JOSE INVESTORS LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Harvey Ackerman		
			Name of Person	
		HZA LTD		
		24 Agassi Street		
			Address	
		Jerusalem , Israel 9387724		
			City/State and Zip Code	
		tackerman613@gmail.com		
		E-mail address: (1	o be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	ill:	
Harvey Ack	erman		917 475-0418	
Name of Person		at () Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

FILED

2018 DEC -4 PH 6: 13

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R&M SAN JOSE INVESTORS 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 October 25, 2018 and assigned Florida document number 1.18000251039

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)

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 ad	drass
		Florida
	Cuv	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>	<u>Name</u>	Address	Type of Action
MGR	OR PANDO	411 NE 2ND AVE	
		HALLANDALE BEACH, FL	■ Remove
		33009	Change
			_□ Add
			☐ Remove
			Change
			Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
		 	☐ Change
			Add
			Remove
			☐ Change

Effective date, if other than the date of filing: 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. I Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutury filing requirements, this date will not be listed as idecument is effective date on the Department of State's records. The 90th day after the record is filed. Dated December 1 2018 Signature of a member or authorized representative of a member							
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Typed or printed name of signee

Filing Fee: \$25.00