Plorida Department of State

Division of Corporations

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To:

Division of Corporations

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Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIV DIAMOND LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIV DIAMOND LI.C (Name of the Limi	ted Liability Compr	nny as it now appears on our re Liability Company)	cords.)	<del></del>
The Articles of Organization for this Limited I. Florida document number L18000255415	•	•		and assigned
This amendment is submitted to amend the foll	owing.			
A. If amending name, enter the new name o	of the limited liab	ility company here:	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	<b>2021</b> SFC
The new name must be distinguishable and contain the v	words "Limited Liahi	lity Company," the designation	T.I.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:	20900 NE 30TH AVENU	E 🚉	
(Principal office address MUST BE A STREE		. SUITE 513	Ŝ	-
		AVENTURA, FL 33180		
Enter new mailing address, if applicable:		20900 NE 30TH AVENU	ı: <u> </u>	h: 1,8
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 513		
		AVENTURA, FL 33180		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office ess here: EFRAT BELH		nter the nam	e of the new register
New Registered Office Address:	20900 NE 30TH AVENUE, SUITE 513			
	Enter Florida street address			1.0%
	AVENTURA	City	., Florida 33	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	•		·
I hereby accept the appointment as register provisions of all statutes relative to the proj	per and complete	e performance of my dutie	rs, and I am J	familiar with and
accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	istered agent as registered offici	provided for in Chapter of address. I hereby confirm	m that the lis	nited liability

## 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BEN IFRAH	5052 S STATE ROAD 7 UNIT 501	Add
		FORT LAUDERDALE, FL 33314	Remove
			Change
AMBR	MOSHE PERI	20900 NE 30TH AVENUE, SUITE 513	<b>=</b> Add
		AVENTURA, FL 33180	Remove
			Change
MGR EFRAT BELHASSEN	EFRAT BELHASSEN	20900 NE 30TH AVENUE, SUITE 513	A AJ
		AVENTURA, FL 33180	೧ , ಓಚ್ಚಬ್
			PH Remove
<del>_</del>			Add
			Remove
			Change
			Add
		Remove	
			Change
			Add
		Remove	
			Change