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(Requestor's Name)

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(City/State/Zip/Phone #)

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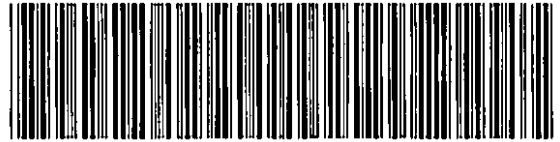
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

One Third Karpa Florida, 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:

Steven J Cohen, Trustee

Name of Person

c/o Malach. Gimmel Yrd, LLC

Firm/Company

7114 Via Firenze

Address

Boca Raton, FL 33433

City/State and Zip Code

7114statements@gmail.com

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

For further information concerning this matter, please call:

Steven J Cohen, Trustee

Name of Person

at (347)

Area Code

468-6475

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**

One Third Karka Florida, 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 11-2-2018 and assigned  
Florida document number L18000258362.

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)

NO CHANGE 5

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

Florida

City

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.*

NO 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>	<u>Type of Action</u>
MGR	Steven J Cohen, Trustee	7114 Via Firenze	<input checked="" type="checkbox"/> Add
	c/o Malachi Gimmel Yud, LLC	Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jacob Safran	1507 Route 202	<input checked="" type="checkbox"/> Add
		Pomona, NY 10970	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adam Fine	1507 Route 202	<input checked="" type="checkbox"/> Add
		Pomona, NY 10970	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shira Safran	20 Bruck Court	<input checked="" type="checkbox"/> Add
		Spring Valley, NY 10977	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Esther Fine	59 McNamee Road	<input checked="" type="checkbox"/> Add
		Spring Valley, NY 10977	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Malachi Gimmel Yud, LLC	7114 Via Firenze	<input checked="" type="checkbox"/> Add
	c/o Steven J. Cohen, Trustee	Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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.

Dated December 10 . 2018

Steven J Cohen

Typed or printed name of signee