210001/0004

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000067450 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FEINBERG AND MAIDENBAUM

Account Number : I20070000045

Phone : (954)962-8889

Fax Number

: (954)966-6259

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

F 3 1	Address:			
PMPI	anares:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **E&O PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

02/27/2019 3:14PM FAX (((H19000067450 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&O Proporties, LLC	18		
(Name of the Limited Liability Comp (A Flunda Limited	pany as it now appears on our re I Liability Company)	cords.)	***************************************
The Articles of Organization for this Limited Liability Compan Florida document number L19000004263	y were filed on 1/2/2019	,-	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	'LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			r.p.
(Principal office address MUST BE A STREET ADDRESS)		: 	* is
			٠. لــ: الــــــــــــــــــــــــــــــــ
			· ·
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our rec ere:	ords, enter	the name of the new
New Registered Office Address:	·	·	
	Enter Florida stroet a		
· <u> </u>	City '	_, Florida	Zip Code
			zip code
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in this capacity. te performance of my dutie s provided for in Chapter 6	s, and I am) 50 5 , F.S. Or,	amiliar with and if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

(((H19000067450 3)))

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 .	<u>Name</u>	Address	Type of Action
MGR	Yeo Holdings, LLC	1379 Harborview East Hollywood, FL 33019	
			■ Remove
			☐ Change
MGR	Oded Yeoshoua	1379 Harborview East Hollywood, FL 33019	≅ Add
			□ Remove
	·		Change
MGR	Ephram Yeoshoua	1379 Harborview East Hollywood, FL 33019	Add · ·
			☐ Remove
			□ Change
	·		□ Remove
,			☐ Change
	·	· · · · · ·	Remove
			□ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	П Кешоус
			☐ Change

02/27/2019 3:15PM FAX (((H19000067450 3)))

D.

and the second s	•
	- `!
	3
	3-
	<u></u>
	3
ective date, if other than the date of filing: Iffective date is listed, the date must be specific and common be prior to date of filing or more If the date inserted in this block does not meet the applicable statutory filing a series of filing or more iment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	Squitting, and that
d 2/27 2019	
Efform	
Signature of a member of authorized representative of	f a member

Filing Fee: \$25.00

(((H19000067450 3)))