

L19 0000 29581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

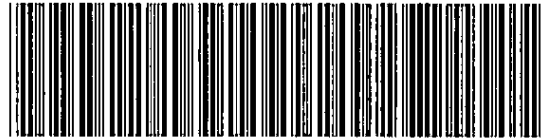
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 23 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FL

CS
7/22/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2021

MARIE BETTY JOSEPH
1156 SW HUTCHINS STREET
PORT SAINT LUCIE, FL 34983

SUBJECT: US ISRAEL TOUR LLC
Ref. Number: L19000029581

We have received your document for US ISRAEL TOUR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 921A00015180

RECEIVED

JUL 22 2021

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

US ISRAEL TOUR LLC

(Name of the Limited Liability Company as it now appears on our records,
if it is a Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/04/2019 and assigned Florida document number 119000029583

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JOSEPH BETTY SOL SERVICES LLC

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:

1156 HUTCHINS STREET

(Principal office address MUST BE A STREET ADDRESS)

PORT SAINT LUCIE FLORIDA 34983

Enter new mailing address, if applicable:

SAME

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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:

MARIE BETTY JOSEPH

New Registered Office Address:

Same

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

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.

MGR = Manager

AMGR = Authorized member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

If the date specified 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the report is filed

Dated 21 OF MAY 2021

Marie Betty Joseph
Signature of a member or authorized representative of a member

MARIE BETTY JOSEPH

Typed or printed name of signer