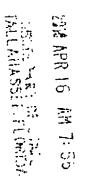
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COVER LETTER

TO:	Registration Sec Division of Corp			
		OPERTIES LLC		
SUBJI	SCT:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		ERICA MIZRAHI		
			Name of Person	
		KETER ESTATES LLC		
			Firm/Company	
		9429 HARDING AVE #139		
		CHIDECIDE EL 22154	Address	
		SURFSIDE, FL 33154		
		ERICAMIZ@AOL.COM	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	ill:	
ERIC	A MIZRAHI		305 761-1612 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$ 2	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

EASTY PROPERTIES LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 03/18/2019	and assigned
Florida document number L19000075756		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	79 7
		74 3
Enter new mailing address, if applicable:		TI TI
(Mailing address MAY BE A POST OFFICE BOX)		
		9,7 0
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>e</u> dress here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
Nam Parks I A of O	Ciţ	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> AMBR	Name ERICA MIZRAHI	<u>Address</u> 9429 HARDING AVE #139	Type of Action
		SURFSIDE, FL 33154	□ Add
			■ Remove
AMBR	MAZOL REALTY OF QUEENS, INC	11930 80TH RD	☐ Change
		JAMAICA, NY 11415	€ Add
			Remove
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document's effective date on the Department of State's records.	al) ing.) Pursuant to 605.0207 (. ate will not be listed as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.n The 90th day after the record is filed.	n. on the earlier of:
Dated 4/16 . 2019	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00