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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Ishimoto A Name of Lim	Lentals 116 ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	• mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	sh	lomi Ivgi	
		Name of Person Ishinoto Lectus 116 Firm/Company	
		Firm/Company	**
	4209 w park by	Address	
	Hollywood, FL, 3 Ishinotok	3021 City/State and Zip Code evtals & Gmail. Code to be used for future annual report	iom
For further information of	E-mail address: (notification)
Shlomi IVO	l f Person	at (<u>808</u>) <u>74/</u> Area Code Da	1494/ (any Home)
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 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:

 $\bullet_{i} = \bullet_{i}$

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 OCT 14 /H 9: 28

	Or	74 /H 9:28
Ishingto Name of the limited	Rectals LLC Liability Company as it now appears on our r Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L 1900009 8844</u>		, 2019 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	-	
B. If amending the registered agent and/or registered agent and/or the new registered offic		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	olden v
	enter Florida Street a	
	City	_, Florida 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 Type of Action <u>Name</u> <u>Address</u> **Title** □ Add 4209 W park RL Holly woul ft, 33021 & Remove MGR Shlomi Ivgi ☐ Change □ Add AMBR SHOMI IVAI 4208 W park Al, Holyword, FL, 33021 & Remove _□ Change _□ Remove _□ Change □ Add _□ Change □ Add □ Remove □ Change _□ Add ☐ Remove ____ Change

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Filing Fee: \$25.00