19000/10829

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TO: Registration S Division of Co			- *
SUBJECT:	BDH FLO Name of Lin	RIDA LLC	
The enclosed Articles o	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	د. • • • • • • • • • • • • • • • • • • •
	GIÒRA	HENDELMAN Nume of Person	, ,
		Firm/Company	
		TARLING DR	
		City/State and Zip Code	
For further information of	concerning this matter, please c		
Name o	of Person	at () Area Code — Daytime	e Telephone Number
Enclosed is a cheek for t	he 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Cen	n ations

Tallahassee, FL 32301

ARTICLES	OF AMENDMENT	
	ТО	
ARTICLES C	OF ORGANIZATION	
	OF	and the second se
BDH FLOR (Name of the Limited Liability ((A Florida Lin	IDA LLC Company as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on _APR1.	2 23 2019 and assigned
Florida document number <u>L19000110829</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
······································	<u>maning company nere</u> ,	
The new name must be distinguishable and contain the words "Limited	Fishility Company," the designation	an "110" or the abbraciation "110"
	intering company, the designation	an like of the aboreviation 1, 1, C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	···	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our r <u>s here</u> :	records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida stree	t 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ELAZAR BENELLI		Add
		11 HAMATZBIM ST	Remove
		TELAVIVISRAEL 6993202	Change
AMBR	CHEN DIMANT		🖸 Add
		T. DAVID YALIN	K Remove
		TEL AVIV 62964 IS	Change
	·		□ Add
			🗆 Remove
			Change
			D Add
			Remove
			🗆 Change
	·		🗆 Add
			Remove
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			Add
			_ 🗆 Remove
			_ 🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 record is filed.

Dated _	05/02/2019
	Signature of a member

Page 3 of 3

Filing Fee: \$25.00