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COVER LETTER

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cohen's Restoration		
(Name of the Limited Liability Compan (A Florida Limited L.	lability Company)	
The Articles of Organization for this Limited Liability Company (Florida document number	were filed on <u>5/09/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
<u> </u>		16
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.U.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<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 office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:	<u> </u>	<u> </u>
-		-
New Registered Office Address:	Enter Florida street address	- 100
	Florida _	7 Code
New Registered Agent's Signature, if changing Registered Agent:		TATE OF LOOK
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. G	ngree w comply with me n familiar with and)r, if this document is

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 = 3 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
16R	Liora Blumenteld	5521 Michber Orive	DAdd
		Lake worth FC, 33449	□Remove
			XiChange
MCR	Liora Cohen	5527 Michley Drive	□Add
		Caheworth, FC, 33449	X Remove
			□Change
			□Add
			□Remove
			□Change
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			DChange
			□ Add
			□Remove
			Chunga

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•	
f an el <mark>Note:</mark>	tive date, if other than the date of filing:
reco d is f	ord 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 filed.
ated	November 9. 2021.
	Signature of a member or authorized representative of a member