



(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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Special Instructions to Filing Officer:

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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJEC	EYAL CO						
SOBJEC	۷۱:	T:Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		EYAL COHEN					
			Name of Person				
			Firm/Company	filing. Swing: The of Person The 2 Address The and Zip Code The annual report notification The annual report notification of the annual repor			
102 NW SPANISH RIVER BLVD STE 2							
		Address					
		BOCA RATON,FLORIDA	A 33431				
		MVOGEL777@BELLSOU	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For furth	ner information c	oncerning this matter, please c	all:				
EYAL (COHEN		954 856-9630 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	d is a check for th	he following amount:					
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
	Mailing Address Registration S			tion			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYAL COHEN LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number L19000134679		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	liability company here:	
The new name must be distinguishable and contain the words "Limited Li	liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS,	2	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	ice address on our recor	ds, enter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida Zip Code
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name •	Address	Type of Action
MGR	INBAL SHAKY	102 NW SPANISH RIVER BLVD STE 2 100 2013	= Add
			□Remove
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ote: f	the date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.
	10/15 2024
ted	<u> 2014</u>
ited	Signature of a member or authorized representative of a member

Filing Fee: \$25.00