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## COVER LETTER.

Registration Section Division of Corporations

TO:

OUDIECT	ND MACCABI, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The content Aminho of	Amandment and foots) we sub	mitted for filing			
Please return all correspo	ondence concerning this matter	to the following:			
	ROBERT SALINAS				
		Name of Person			
	REALITY CHECK BUSI	NESS SOLUTIONS LLC			
		Name of Limited Liability Company  and fee(s) are submitted for filing.  erning this matter to the following:  T SALINAS  Name of Person  TY CHECK BUSINESS SOLUTIONS LLC  Firm/Company  YLOR ST  Address  WOOD, FL 33021  City/State and Zip Code  prebs.biz  E-mail address: (to be used for future annual report notification)  is matter, please call:  1 786  1 338-9000  2 1 (786 ) Daytime Telephone Number  amount:  1 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee			
	5301 TAYLOR ST				
		Address			
	HOLLYWOOD, FL 3302	1			
		City/State and Zip Code			
	rsalinas@rcbs.biz				
	E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
ROBERT SALINAS					
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee,		
	Certificate of Status	Certified Copy	Certified Copy		
Mailing Addres	<u>ss:</u>				
Registration Section		•			
Division of C P.O. Box 632	-		-		
Tallahassee,		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION LED **OF**

2021 NOV 29 AM 7: 42

DASHI AND MACCABI, LLC

ACCABI, LLC

(Name of the Limited Liability Company as it now appears on our records.) STATE

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

	cr 1 10/02/2	2019	and againmed
The Articles of Organization for this Limited Liability Company	were filed on to be		and assigned
Florida document number L19000248235			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		***	
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name</u>	of the new registered
agent and/or the new registered office address nere.			
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:	Ē		

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>	<u>Name</u>	Address	Type of Action
AMBR	ZVI. ELAD	212 N MIAMI AVENUE STE 5	□Add
		MIAMI, FL 33128	■Remove
			Change
AMBR	ORTA, GABRIEL	212 N MIAMI AVENUE STE 5	□Add
		MIAMI, FL 33128	Remove
AMBR	SHUKI FOR EVER LLC	801 N VENETIAN DR, APT 808	<b>=</b> Add
		MIAMI BEACH, FL 33139	□Remove
			☐ Change
AMBR	WAVERIDERZ LLC	212 N MIAMI AVE, SUITE 5H	<b>=</b> Add
	MIAMI, FL 33128	MIAMI, FL 33128	Remove
		<u></u>	Change
	<u> </u>	<u> </u>	□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change

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ELIP ZUI	NOVEMBER 19TH			<u> </u>				
Signature of a member or authorized representative of a member		G	EL112	201				
		Signature o	f a member or	authorized rep	resentative of a	member		

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Filing Fee: \$25.00