

L19000248235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

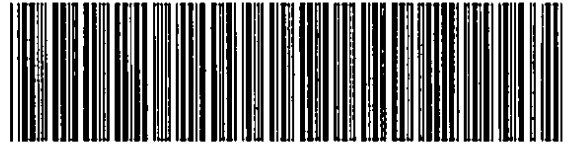
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000376840240

11/23/21--01009--015 **25.00

FILED
2021 NOV 29 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FL

CSM

DEC 14 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DASHI AND MACCABI, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT SALINAS

Name of Person

REALITY CHECK BUSINESS SOLUTIONS LLC

Firm/Company

5301 TAYLOR ST

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

rsalinas@rcbs.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT SALINAS

786 338-9000
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

2021 NOV 29 AM 7:42

DASHI AND MACCABI, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

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

The Articles of Organization for this Limited Liability Company were filed on 10/02/2019 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 liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZVI, ELAD	212 N MIAMI AVENUE STE 5	<input type="checkbox"/> Add
		MIAMI, FL 33128	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ORTA, GABRIEL	212 N MIAMI AVENUE STE 5	<input type="checkbox"/> Add
		MIAMI, FL 33128	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHUKI FOR EVER LLC	801 N VENETIAN DR, APT 808	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WAVERIDERZ LLC	212 N MIAMI AVE, SUITE 5H	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated NOVEMBER 19TH, 2021

ELID zu

ELAD ZVI

Filing Fee: \$25.00