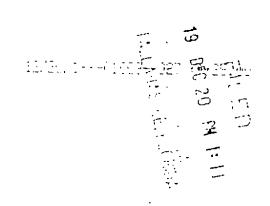
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Special Instructions to	Filing Officer:	
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JAN 25 2020

S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

Registration Section **Division of Corporations** ONE NESHAMA LLC SUBJECT: _ 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: ADAM DORSKY Name of Person Firm/Company 575 NW 50TH PL Address BOCA RATON, FL33431 City/State and Zip Code eliyahu@oneneshama.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30,00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE NESHAMA LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	and assigned
This amendment is submitted to amend the follow	ing:	·
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	<u></u>
B. If amending the registered agent and/or regi		name of the new registe
agent and/or the new registered office address b	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Floric	la
	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>	Type of Action
AMBR	MARTHA SHNAIDER	9103 NW 38111 DR	
		CORAL SPRINGS, FL 33065	□Add
		CONALISTRINGS, 11,5,000	■Remove
			□Change
AMBR	MARTHA SCHNAIDER	9103 NW 38TH DR	Change
		CORAL SPRINGS, FL 33065	□Remove
			□Change
			□Add
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fective date. if	f other than th disted the date mu	e date of filing	;	ate of tiling or more	(option than 90 days after	o nal) filing) Pursuant to 605	0207
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