120 0000 22961

(Requestor's Name)
(Äddress)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Susiness Entry Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

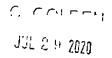
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06/08/20--01028--031 **25

2020 FT 13 AH 7: 3



	A DORON LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carmen Estrada		
		Name of Person	
	Stok Kon + Braverman, P.	A.	
		Firm/Company	
	One East Broward Blvd So	uite 915	
		Address	·
	Fort Lauderdale Florida 31	3301	
		City/State and Zip Code	
	Same on File		
	li-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Carmen Estrada		954 237-1777 at ()	
Name of Person			me Telephone Number
Enclosed is a check for the	he 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:



2020 100 10 70 4:16

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2020

CARMEN ESTRADA ONE EAST BROWARD BLVD. SUITE 915 FORT LAUDERDALE, FL 33301

SUBJECT: 905 TAMPA DORON LLC

Ref. Number: L20000022961

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00012471

Claretha Golden Regulatory Specialist II

www.sunbiz.org



July 8, 2020

VIA USPS DELIVERY:

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

Re: Our File: 10-13-Doron - 000 | Entity Name Amendment: 905 Tampa Dorot LLC to EFRAT LLC | Correction to Notice from FDOS on 6/24/20; See attached.

To Whom it May Concern,

Enclosed please find the corrected filing page in reference to the above-captioned entity. The RA should be updated to Doron Arad, removing prior RA Asaf Horesh as well as entity name from 905 Tampa Doron LLC to EFRAT LLC.

Please feel free to contact us, should you have any questions.

Sincerely,

CARMEN ESTRADA

REAL ESTATE PARALEGAL

ARTICLES OF AMERICAN

ARTICLES OF ORGANIZATION OF

905 TAMPA DORON LLC

2020 J. 13 AF

Zip Code

(Name of the Limi	ted Liability Company (A Florida Limited Lia	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited L	iability Company w	ere filed on <u>01/15/202</u>	0 and assigne
Florida document number <u>L20000022961</u>	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabil	ity company here:	
EFRAT LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabilit	y Company," the designation	on "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET_ADDRESS)	3501 NORTH OCE	AN DRIVE UNIT 4F
	 	HOLLYWOOD FI	LORIDA 33019
		3501 NORTH OC	EACN DRIVE UNIT 4F
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		HOLLYWOOD FI	LORIDA 33019
B. If amending the registered agent and/or agent and/or the new registered office addre		ldress on our records,	enter the name of the new rc
	DORON ARA	.D	
Name of New Registered Agent:			
New Registered Office Address:	3501 NORTH OCEAN DRIVE UNIT 4F		
		Enter Florida stree	
	HOLLYWOO	OD .	Florida 33019

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
			□Add
			□Rem
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			□Chai
	 		□Add
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II W.	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	ctive date, if other than the date of filing:
f the recees	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte filed.
Date	d Jone 5 2000.
	DOROH ARAV
	Signature of a member of a member of a member