LZO 0000 36117

/Pag	uestor's Name)	
(rveq	uestors marrie;	
(Add	lress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
,	•	
(Doc	cument Number)	
,555		
Control of Control	C-4:6: - -	of Chahar
Certified Copies	Certificates	or Status
Special Instructions to F	iling Officer:	

Office Use Only



700341512287

03/05/20--01015--008 **25.00

2028 III. - 5 FH I2: 22

R. WHITE.
MAR 2 3 2020

COVER LETTER

	istration Sec sion of Corp			
arm recor	Purple Mam	a LLC		
SUBJECT:		Name of Limi	ted Liability Company	-
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		Harvey Ackerman		
			Name of Person	
		HZA LTD		
			Firm/Company	
		24 Agassi Street		
			Address	
		Jerusalem Israel		
			City/State and Zip Code	
		tackerman613@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ca	all:	
Harvey Ack	стал		917 475-0418 at ()	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address		Street Address: Registration Se	ection
	gistration S vision of C	orporations	Division of Co	
P.C	D. Box 632	7	The Centre of	Tallahassee
Tal	lahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

PURPLE MAMA LLC	70701:5 PH 12: 22	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000036117 This amendment is submitted to amend the following:	were filed on January 29, 2020	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1041 Church Hill Road	
(Principal office address MUST BE A STREET ADDRESS)	Fairfield CT 06825	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1041 Church Hill Road Fairfield CT 06825	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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 Matan Cohen-Citron	1041 Church Hill Road	= Add	
		Fairfield CT 06825	□Remove
			□Change
		□Remove	
			□Change
			□ Add
			□Remove
			□Change
		□Remove	
		Change	
		□Remove	
		□Add	
			□ Remove
			∏Change

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
_	
_	
-	
=	
_	
_	
_	
-	
-	
•	
-	
-	
(If an ef	ive date, if other than the date of filing: (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	March 2 2020
	Signature of a member or authorized representative of a member
	Harvey Ackereman Typed or printed name of signee

Filing Fee: \$25.00