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## **COVER LETTER**

то:	Registration S Division of Co			
		GARDEN LLC	•	
SUBJE	CCT:	Name of Limi	ted Liability Company	
The end	dosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please	return all corresp	ondence concerning this matter t	to the following:	
		GALIT S HAREL BECHO	DR	
			Name of Person	
		GALIT S HAREL BECHO	OR PA	
			Firm/Company	
		4700 SHERIDAN STREE	ET SUITE I	
			Address	
		HOLLYWOOD FLORIDA	33021	
			City/State and Zip Code	
		info@harelbechorlaw.com E-mail address: (t	n o be used for future annual report notil	ication)
For fur	ther information	concerning this matter, please ca		
S	TEVE +	ARRO OF Person	at ( <u>786</u> <u>660</u> Area Code Daytimo	Telephone Number
	Name	of reisial	Area Code - Frayinik	- retemptone returned
Enclos	ed is a check for	the following amount:		
□ \$2	5.00 Filing Fee	S30.00 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)

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

KOSHER GARDEN LLC

17 11 5142

(Name of the Lamited Lability Company (A Florida Limited Lia	bility Company)	<u>us.</u> )
The Articles of Organization for this Limited Liability Company w	ere filed on	and assigned
Florida document number <u>[ 2 00005075</u> ]		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and comain the words "Limited Liabiting	Company," the designation "LI	.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
C		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>entc</u>	er the name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street addi	VAN
<del></del>	, 1	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	v ns	zy) v mi
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, vovided for in Chapter 60:	and I am familiar with and 5. F.S. 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>	Address 726 ARTHUR GODFREY RD	Type of Action
MGR	GABRIEL MALKA	Address AZB ARTHUR GODFREY RD MIAMI BEACH FL 33140	<b>=</b> Add
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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Signature of a thember or authorized representative of a member	Dated _	4/5	12020/	 ///	f frame			
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Filing Fee: \$25.00