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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

SUBJECT: 420 S DIXIC HW Name of Limited	Limility Company	
The enclosed Articles of Amendment and fee(s) are submitt Please return all correspondence concerning this matter to the		
Arik	A 20 lay Name of Person	
420 S Dixie	Huy LLC Firm/Company	
<u>420</u> S D	lixie Hwy	
Hallandale !	Deach FL 33009  Tity/State and Zip Code	
NOGA A DM MYN E-mail address: (b) be	c used for future annual report notification)	
For further information concerning this matter, please call:  NOGA ALOM	701 700-2750	
Name of Person	at (TSU) 209-3758  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
S25.00 Filing Fee X S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (	e of Status &

TO:

**Registration Section Division of Corporations** 

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

420 S Dixie Hu	04 CC 2730. PH 5:01
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_20000  \frac{1}{20000}  \frac{1}{20000}  \frac{1}{20000}  \frac{1}{20000}  \frac{1}{20000}  \frac{1}{20000}  \frac{1}{20000}  \frac{1}{200000}  \frac{1}{20000}  \frac{1}{200000}  \frac{1}{200000}  \frac{1}{200000}  \frac{1}{2000000}  \frac{1}{200000000}  \frac{1}{200000000000000000000000000000000000	were filed on 3/20/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	420 S Dixie Hwy
Principal office address MUST BE A STREET ADDRESS)	Hallandale Beach FL 33009
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	420 S Dixie Hwy Hallandale Beach, FL 3300
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name 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 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 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	Type of Action
AMBR	Lior Raviv	17301 Biscayne Blvd, Apts	Ol Vadd
		Aventura, FL 33160	• □Remove
			□ Change
AMBR	Aviaham Azoulay	1030 Daitmouth Ln, Woodn	ele de Add
			□Remove
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		ayed effective o	late, but no	t an effective	time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after th
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