7/23/2021

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA Account Number : I20120000072 Phone : (305)895-5815 : (305)895-6273 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TORAHBOOK LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TORAHBOOK LLC		
(Name of the Limited Liability Compan	y as it now appears on our records.)	- -
(A Florida Limited Li	iability Company)	
The Articles of Organization for this Limited Liability Company villarida document number L20000201475	were filed on <u>07/13/2020</u> and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		29
(Principal office address MUST BE A STREET ADDRESS)		22
	<u> </u>	
		23
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>~</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the</u>	new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip C	ode
New Registered Agent's Signature, if changing Registered Agent:	i e	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar provided for in Chapter 605, F.S. Or, if this a	with and locument 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>	Name ·	Address	Type of Action
MGR	LEVY, LIOR	2561 NE 193RD ST, UNIT 1105	\\ \equiv \equiv \\ \equiv \qua \qua \qua \qua \qua \qua \qua \qua
		MIAMI FL 33180	□Remove
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Note: If the date inserted in thi	must be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.0207 illing requirements, this date will not be listed as
record specifies a delayed effe I is filed.	stive date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
July 23 Pated	, 2021 .	
	Signature of a member or authorized representa	tive of a member
	Orit Levy	

Filing Fee: \$25.00