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03/13/21--01003--008 **25.00



COVER LETTER

10: Registration Section Division of Corporations

719 SW 8 AVE LLC

SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

JUSTIN ZEIG

Name of Person

ZFIG LAW FIRM LFC -

LinuCompany

3475 Sheridan Street, #310

Address

Hollywood, FL 33021

🖾 \$30.00 Filing Fee &

Certificate of Status

Ony State and Zip Code

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call;

Enclosed is a check for the following amount:

🖬 \$25.00 Filling Fee

 S55.00 Filing Fee & Certified Copy radational copy is enclosed? S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed.

C)

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A PI ANN 1201

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

719 SW 8 AVE LLC				.
(<u>Name of the Limited Li</u> (A Fi	ability Company orida Limited Liab	<u>as it now appears on o</u> offity Company)	<u>ur records.</u>)	
The Articles of Organization for this Limited Liabili	ty Company we	The filed on $\frac{07.28}{20}$	20	and assigned
Florida document number 1 20000223060				
This amendment is submitted to amend the following				
A. If amending name, <u>enter the new name of the</u>	limited liability	y company here:		
The new name must be distinguishable and contain the words "	Limited Liability (Company," the designat	ion "ELC" or the ab	breviation "E. E. C."
Enter new principal offices address, if applicable:	-			
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE <u>A POST OFFICE BOX</u>	Σ			
	-			
B. If amending the registered agent and/or registence agent and/or the new registered office address her		ress on our record	s, <u>enter the name</u>	e of the new register
Name of New Registered Agent:				
New Registered Office Address:				
<u></u>		Enter Florida sire	et address	· · ·
			Florida	
		Ċuy		· Zup Cost:
New Registered Agent's Signature, if changing Regist				
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete per d agent as prov tered office ade	formance of my di vided for in Chapte	ities, and Lain fé r 605, F.S. Or. (miliar with and if this do C ument <u>is</u>

If Changing Registered Agent, Signature of New Registered Agent

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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	<u>Type of Action</u>
AMBR	ELIYAHU HAREL	48 S SERVICE RD, MELVILLE, NY 11747	≅Add
			IRemove
		<u>.</u>	TCbange
4MBR 	ARIK AZULAY	19501 N4, 22 AVF, MIAMI, FL 33180	``] Add
			Remove
AMBR	LIOR RAVIV	9400 W Bay Harbor Drive, #203, Bay Harbor Isla	nd, F Ə Add
			■Remove
			[]Change
		<u> </u>]Add
		<u> </u>	Remove
·			
			TiRemove
			TiChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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If the record 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 record is filed.

3 10 2021		2021	- (D
	Ou/	AAAA	<u> </u>
	Signature of a member or author/representative of a member		
	ARIK AZULAY		
<u>.</u>	Typed or printed name of signee		\mathbf{O}
		08	