### Florida Department of State

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From:

Account Name : FELDMAN & ASSOCIATES

Account Number : 120130000018 Phone : (305)931-0433 Fax Number : (866)856-1462

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

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHEFA NORTH OCEAN, LLC

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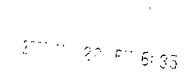
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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



SHEFA NORTH OCEAN, LLC

(Name of the Limited Liability Company as it now appears on our records.)

[A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/13/2020}{}$ \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_\_L20000235673 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SHEFA OCEAN, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida <u>\_\_\_</u>

#### 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.

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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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ri aine	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan ei	ive date, if other than the date of filing:
Note;	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e recoi rd is ti	d 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	August 28, 2020
	Tall left -
	Signature of arthember of authorized representative of a member
	Paul Feldman, Esq.
	Typed or printed name of signee