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(ке	questor's Name)	
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PICK-UP	■ WAIT	MAIL
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(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Division of C			
SUBJECT:	200 Maz Name of Lim	el Tov Estat ited Liability Company	e LLC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Raymo	onde Charle Name of Person	ie 🐔
		Firm/Company	
	3661 W	Forge Rd	
		Me FL 333.3 City/State and Zip Code	3
	RAYO, ZI	to be used for future annual report n	otification)
For further information	n concerning this matter, please c		
Raymona	de Charlier e of Person	at (<u>954</u>) <u>56</u> Area Code Days	O-O234 ime Telephone Number
Enclosed is a check for	r the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee,	Section Sorporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QOO Mazel (Name of the Limited Liability Company	TOV Estate LLC y as it now appears on our records.)
(Name of the Limited Liability Compan (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company" the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Elimited Elaboris	ty Company, the designation and a second
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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	It hight Esq.
New Registered Office Address: 30	I Jamato Ra Ste 1240 Enter Florida street address
But	City, Florida 3343/
New Degistered 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.Ś. Or, ighis 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.

D 17

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	Type of Action
MER	ALLEBAZ LLC	3661 W. Forge Rd. Davis, FL 333	Ĵg ŒAdd'
			□Remove
			□Change
<u></u>	Raymonde Charlier		□Add
	·		BRemove
			□ Change
MGR	Didier Desrouleaux		□Add
			[☑Remove
			□Change
	.		□Add
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- affactiva data is liste	ed the date must be specif	ic and cannot be priov to	date of filing or more	than 90 days after filing.) Pursuant to 605.020
ote: If the date insective of	erted in this block does date on the Departmen	not meet the applica- it of State's records.	ole statutory ming to		3: (7)
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record specifies a de	layed effective date, bu	ut not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) Th	e 90th day after the
is filed.				• •	U ' ' ' '
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	Signature	e of a member or author	rized representative of	a member	<u> </u>