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2022 JET 24 PH 1:46

COVER LETTER

Division of Cor	rporations		
CAMBAB SUBJECT:	. LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Campbell Alexis		
		Name of Person	
	Emunah Bitachon, LLC		
		Firm/Company	
	1631 NE 8th Avenue		
		Address	
	Ft. Lauderdale, FL 33305		
		City/State and Zip Code	
	emunah.bitachon77@gmail		
	E-mail address: (to be used for future annual report notification)	25.25
For further information of	concerning this matter, please co	all:	
Campbell Alexis		954 599-0527 at ()	2022 JIN 24
Name o	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	e of Status &

TO:

Registration Section

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 ARTICLES OF ORGANIZATION OF

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

	ORGANIZATION OF	and assigned
CAMBAB, LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records. (Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 01/11/2021	and assigned
Florida document number L21000023626		, ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Emunah Bitachon, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	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 agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida
	Ciry	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 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
			🗀 Add
			□Remove
			☐ Remove
			☐Change
			□Add
			□Remove
			□Change
		 	□Remove
			□Change
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			□Remove
			☐ Change
			□Add
			□Remove
			□Change

fective date, if other than the date of filing: 101/18/2022, 12:01 a.m. (optional)		
Fective date, if other than the date of filing: 01/18/2022, 12:01 a.m. (optional) n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3 to: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.		
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Signature of a member or authorized representative of a member	s filed	
// Signature of a member or authorized representative of a member	ted _(01/17/2022.

Filing Fee: \$25.00