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COVER LETTER

TO:

Registration Section Division of Corporations

REEF VAC	CATIONS.COM LLC		
10 bitt. 1.	Name of Limi	te2 Enability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	entted for filing.	
	ndence concerning this matter		
	Lior Raviv		
	***	Name of Person	
	Properties HUB Network	LLC	
		Firm/Company	
	420 S. Dixie Hwy		
		Address	
	Hallandale Beach, Ft., 33	:009	
		City/State and Zip Code	
	ivana@dixieapital.com		1. 55. 700
	E-mail address: (!	o be used for future annual report notification)	
For further information c	oncerning this matter, please ca	alt:	
Ivana Botic		305 733 1513 at ()	2022 JUH 16 ARI Sysria 1845 S
Name o	f Person	Area Code Daytime Telephone	: Number (co
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass	
Tallahassee.	FL 32314	2415 N. Monroe Street.	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REEF VACATIONS.COM LLC

company has been notified in writing of this change.

(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	and assiyyed		
Florida document number L21000166313		ن از		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L. I. 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)				
Thinks were an in the second of the second				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere		
Name of New Registered Agent:				
New Registered Office Address:				
New Mediateles office Induces.	Enter Florida street address			
		Zip Coxle		
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, an provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document 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>	<u>Name</u>	Address	Type of Action
MGR	Noni Beth Halevi	400 Sunny Isles Blvd. Apt 806	X iAdd
		N. Miami Beach, FL, 33160	□Remove
			□Change
MGR	Onn Biri	3301 NE 1st Ave. #1507	. X :Add
		Miami, FL, 33137	⊐Remove
			□Change
			Петюче
			□Change
			□Change
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record speci is filed.	ifies a delayed effective d	ate, bat not un c	ffective time	. at 12:01 a.n	n, on the earlier	of:(b) The S	90th day after th
nted	June 14		022	A			
			/	11			
_	Sış	mature of a mont	er or authoriz	d epresentati	ve of a member		