

121 000 168369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

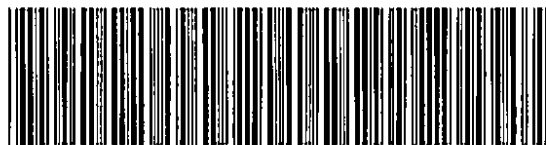
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MA



100390756001

07/12/22--01011--023 **25.00

2022 JUL 12 PM 3:28

FILED

- (a) The present name of the company.
(b) The date of filing of the company's articles of organization.
(c) The amendment to the articles of organization.
(d) The delayed effective date, as provided under s. 605.0207, if the amendment is not effective on the date the department files the amendment.
- (3) To restate its articles of organization, a limited liability company must deliver to the department for filing an instrument, entitled "Restatement of Articles of Organization," which contains the following:
- (a) The present name of the company.
(b) The date of the filing of its articles of organization.
(c) All of the provisions of its articles of organization in effect, as restated.
(d) The delayed effective date, as provided under s. 605.0207, if the restatement is not effective on the date the department files the restatement.
- (4) A restatement of the articles of organization of a limited liability company may also contain one or more amendments to the articles of organization, in which case the instrument must be entitled "Amended and Restated Articles of Organization." (5) If a member of a member-managed limited liability company or a manager of a manager-managed limited liability company knew that information contained in filed articles of organization was inaccurate when the articles of organization were filed or became inaccurate due to changed circumstances, the member or manager shall promptly: (a) Cause the articles of organization to be amended; or
(b) If appropriate, deliver to the department for filing a statement of change under s. 605.0114 or a statement of correction under s. 605.0209.

COVER LETTER

TO: Registration Section
Division of Corporations

JAX ISRAEL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL ASSIDO

Name of Person

JAX ISRAEL LLC

Firm/Company

6965 ORTEGA WOODS DR UNIT 11

Address

JACKSONVILLE FL 32244

City/State and Zip Code

ASSIDO95@GMAIL.COM

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

For further information concerning this matter, please call: **904-294-6594**

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,

Certificate of Status Certified Copy Certificate of Status &

(Additional copy is enclosed) Certified Copy
(Additional copy is enclosed)

2009 APR 12 PM 3:28

FILED

Mailing Address: Street Address:

Registration Section Registration Section

Division of Corporations Division of Corporations P.O. Box 6327 The Centre of
Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL
32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JAX ISRAEL LLC

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

(A Florida Limited Liability Company)

2022 JUN 12 PM 3:28

FILED

The Articles of Organization for this Limited Liability Company were filed on 4/12/2021 and assigned Florida document number. L21000168369

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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
City 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

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

AMBR	Itay Hasid	Even Gavirol 170	<input type="checkbox"/> Add
		TEL AVIV, Israel	

☒ Remove
☐ Change

AMBR	SHOKOBO VENTURES LLC	919 North market street, suite 950	<input checked="" type="checkbox"/> Add
		Wilmington, 19801	

☐Remove

☐Change

☐Add

☐Remove

☐Change

☐Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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

2022 JUN 12 PM 3:28
FILED

E. Effective date, if other than the date of filing: (optional) (If an 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)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated, . 7-7-2022



Signature of a member or authorized representative of a member

Michael Assido

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2022 JUL 12 PM 3:28

MICHAEL ASSIDO
6965 ORTEGA WOODS DR UNIT 11
JACKSONVILLE, FL 32244-7852

117

61-8/620 7238

F-8-22

Date

Pay to the
Order of

Florida Department of State

\$25

Twenty five dollars only

Dollars



Photo
Safe
Deposit
Details on back



Wells Fargo Bank, N.A.
Alabama
wellsfargo.com



For

name change

[Signature]

⑆062000080⑆ 6112120784⑆ 00117

2022 JUL 12 PM 3:28