

121000322497

(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



600371409976

08/12/21--01033--001 **25.00

5/24/21
[Signature]

2021 AUG 12 PM 2:31
DATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 803 RIDGEWAY 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:

EHUD ZECHARIA

Name of Person

803 RIDGEWAY LLC

Firm/Company

227 COQUINA SHELL WAY

Address

PANAMA CITY BEACH, FL 32407

City/State and Zip Code

urysinvestment@gmail.com

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

For further information concerning this matter, please call:

EHUD ZECHARIA

786 797-3945
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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
TO
ARTICLES OF ORGANIZATION
OF**

803 RIDGEWAY 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 07/15/2021 and assigned
Florida document number L21000322497.

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

City

Florida

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

(7 total)
AMBR MGR

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	URY'S INVESTMENTS LLC	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EHUD ZECHARIA	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN Y COHEN	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONEN MALKA	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHAUN GOODMAN	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	INBAL BAKHAR	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

(7 total)
AMBR / mgr

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ASSY MASHTA	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 11 15
15
11
2021

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

Please Add:Title: AMBR Name: ASSY MASHTA P.O BOX 9819 PANAMA CITY BEACH, FL 32417

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 August 10, 2021

Signature

Signature of a member or authorized representative of a member

EHUD ZECHARIA

Typed or printed name of signee

2001 MAY 12 PM 2:31