

L210003963163

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000396316 3)))



H210003963163ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : EXPERTAX  
Account Number : I20200000010  
Phone : (407)777-7470  
Fax Number : (321)206-9743

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AHAVA KAJOL & LAVAN LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

OCT 2 6 2021

S. PRATHER

2021 OCT 25 PM 1:10

ALLAHASSEE, FLORIDA

FILED

2021 OCT 25 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H 21 000 39 6316 3  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AHAVA KAJOL & LAVAN 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:

ALBERTO ROSENTHAL

Name of Person

AHAVA KAHOL & LAVAN LLC

Firm/Company

657 OCEAN COURSE AVE # 1304

Address

CHAMPIONS GATE FL 33896

City/State and Zip Code

FREDROBU@OUTLOOK.COM

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

For further information concerning this matter, please call:

FRED ROSENTHAL BUCHSBAUM

863 5359206

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

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

H210003963163

H210003963163

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

AHAVA KAHOL & LAVAN LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT 25 PM 3:44

FILED

The Articles of Organization for this Limited Liability Company were filed on 08/04/2021 and assigned  
Florida document number L21000352287.

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

H210003963163

H210003105100

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARTHA BUCHSBAUM	657 OCEAN COURSE AVE 1304	<input checked="" type="checkbox"/> Add
		CHAMPIONS GATE FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONIT ROSENTHAL	657 OCEAN COURSE AVE 1304	<input checked="" type="checkbox"/> Add
		CHAMPIONS GATE FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRED ROSENTHAL	657 OCEAN COURSE AVE 1304	<input checked="" type="checkbox"/> Add
		CHAMPIONS GATE FL 33896	<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

H210003963163

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

4210003963163