Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**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 **MORIAH RE 2726 LLC**

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu Help

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

MORIAH RE 2726 LLC		
(Name of the Limited Liability Corr (A Florida Limite	npany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/19/2021	and assigned
lorida document number L21000455363		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C" or the at	obreviation "L.L.C."
inter 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)		
	14	is called a Post of the same
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	e address on our records, enter the nam	
		70V
Name of New Registered Agent:		12 12
		P (D
New Registered Office Address:	Enter Florida street address	<u> </u>
	F1 +1	<u> </u>
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

14154847068

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 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>	Name	Address	Type of Action
AMBR	BARON, MENACHEM M		□Add
			■ Remove
			Change
AMBR	Moriah Health Co.	16850 COLLINS AVE #112730	
		SUNNY ISLES BEACH, FL 33160	□ Remove
			□ Add
			Remove
			Change
			□Add
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	be specific and cannot be prio	cable statutory filing	(optiona e than 90 days after filir requirements, this da	ig.) Pursuant to	605.020 listed a	07 (38 (
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fan effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Depeter record specifies a delayed effective of	partment of State's record		the earlier of: (b)	The 90th day a	ifter th	c
If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Depeter record specifies a delayed effective or disfiled.	date, but not an effective		the earlier of: (b)	The 90th day a	ifter th	c
Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective or d is filed. November 12	date, but not an effective		the earlier of: (b)	The 90th day a	fler th	e