

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MORIAH RE 7460 LLC

Certificate of Status	0
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Help

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

MORIAH RE 7460 LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L21000455378		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company." the designation "Ll.C" 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 adagent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddress , Florid	PR Code
	City	10
New Registered Agent's Signature, if changing Registered Agent:		2. Q

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>	<u>Name</u>	Address	Type of Action
AMBR	BARON, MENACHEM M		□Add
			■ Remove
			□ Change
AMBR	Moriah Health Co.	16850 COLLINS AVE #112730	⑤ Add
		SUNNY ISLES BEACH, FL 33160	□Remove
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