## **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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 3722 LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORIAH RE 3722 LLC	2 33
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	70
MORIAH RE 3722 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 10/19/2021 and ass  Florida document number L21000455391	gnce 3
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.	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)	
	<del></del>
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	registered
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
F1. 21.	

## 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.

City

Zip Code

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
			[] Change
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ecord specifies a delayed effective	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after t
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Novamber 12	2021			
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	Signature of a member or auth	•	a member	

Filing Fee: \$25.00