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COVER LETTER

	Registration So Division of Cor				•	
SUBJEC	NY DANA	LLC				
SOBJEC	-1.	Name of Lin	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		OFRI DANA				
			Name of Person		_	
			Firm/Company		_	
		7 ALLON			~->	
		KFAR YEHOSHUA	Address		2022 AUG 1 SECRETAT TALLAH	
		ISRAEL 36582-00 IS	City/State and Zip Code		ランー	1
For furth	er information e	E-mail address: (oncerning this matter, please c	to be used for future annual report notiful.	ication)	OF STATE	<u></u>
YARVI	DANA		972 52285-0255		·	
	Name o	f Person	Area Code Daytime	e Telephone Numb	er	
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	eate of Status &	
	Mailing Addwar		Course Address			

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

NY DANA LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reconted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp.	any were filed on [17/30/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>ente</u>	SECRETARY OF START of START of START of start new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	, F	lorida 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 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
MGR	YARIV DANA	8171 SOLANO AVE, HOLLYWOOD FL 33024	⊆ Add
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Effective date, if other than the It an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Defective date.	ock does not meet the applica	o date of filing or more than 90 ble statutory filing require	(optional) 0 days after filing.) Pursuant (ments, this date will not b	to 605.0207 ie listed as
e record specifies a delayed effectiv rd is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the ear	rlier of: (b) The 90th day	y after the
Dated		_·		
	Signature of a member or author	rized representative of a mem	her	_