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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

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\*\*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 MORALI CONSULTING LLC

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K. SALY

FEB 16 2042

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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## MORALI CONSULTING 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 01/10/22 and assign	.ed
Florida document number L22000019241		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:	3215 N 36th Ave	<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
	Hollywood, FL 33021	
	3215 N 36th Ave	
Enter new mailing address, if applicable:	02201100111110	
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, FL 33021	
agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docume	and ent is
If Cha	nging Registered Agent, Signature of New Registered Agent	_

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	<u>Address</u>	Type of Action
AMBR	Dror Morali	3215 N 36th Ave	<b>)K</b> /Add
		Hollywood, FL 33021	□Remove
			□Change
			至 一篇 一
			TRemove On Land
			Open Signature S
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			Change
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Note: If the date inserte	than the date of filing: _ the date must be specific and can d in this block does not meet e on the Department of State	the applicable statut	(filing or more than 90 days tory filing requirements	optional) after filing.) Pursuant to 605 0207 ( s, this date will not be listed as t
e record specifies a delay rd is filed.	ed effective date, but not an o	effective time, at 12:	:01 a.m. on the earlier o	of: (b) The 90th day after the
Dated 02/15	2	2022		
R:L	Signature of a merr	ber or authorized repr	esentative of a member	
Riley F		,		
111091	Ty:	ped or printed name of	f signee	

Filing Fee: \$25.00