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2022 SEP 22 PH 12: 52
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COVER LETTER

TO: Registration Division of C	Section Corporations		
	A INVESTMENT GROUP RG.	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Gary H. Kornik		
		Name of Person	
	Fromberg, Perlow & Korn	ik, P.A.	
		Firm/Company	
	20295 NE 29th Place, Suit	ee 200	
	<u> </u>	Address	
	Aventura, Florida 33180		
		City/State and Zip Code	
	gkornik@fpk-law.com		
m o a la comin		to be used for future annual report no	itilication)
For further information	on concerning this matter, please o		
Gary H. Kornik	<u></u>	305 933-2000 at ()	
Nan	ne of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	or the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ado Registration Division o		Street Address: Registration S Division of Co	orporations
P.O. Box (6327 e, FL 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cit	ED
2022 SEP 22	- <u>U</u>
2022 SEP 22 SECRETARY METALIASSE	PH 12: 52
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		SECRETAIN SSEE
(Name of the Limited Lin (A Flo	ability Company as it now appears on o orida Limited Liability Company)	ur records.) ALLAMASSIE
The Articles of Organization for this Limited Liability Florida document number <u>L22000088876</u>	ty Company were filed on January	21, 2022 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	:	tion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our record	ls, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
.		, Florida
	City	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	Shlomo Asayag	2471 NE 201st Street	= Add
		Miami, FL 33180	□Remove
			Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Remove
			□Change

II amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effe Note:	ve date, if other than the date of filing:
ie record ord is filo	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	September 21 2022
	Signature of a member of authorized representative of a member
	Signature of a member of audiorized representative of a member
	Gary H. Kornik, Authorized Representative Typed or printed name of signee

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