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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
MSR VENT	TURES LLC		•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MOISES S. RUIZ		
		Name of Person	
	MSR VENTURES LLC		
	·	Firm/Company	
	9864 W 34TH CT		
		Address	
	HIALEAH, FL 33018		
		City/State and Zip Code	
	nayiberuiz1976@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please co	all:	
MOISES S. RUIZ		786 417-2229 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
-			
Mailing Addre		Street Address:	
Registration		Registration S Division of C	
Division of C	-	The Centre of	-
P.O. Box 633 Tallahassee,			oe Street, Suite 810
ramanassee,	1 4 July 17	2115 (1. 1410)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202 TAL

MSR VENTURES LLC		PILE 2 JUL 27 LAHÁSSÉ
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	NL 27
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000093865</u>		SEE PROPERTY IN THE PROPERTY I
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
QEDOSH EMUNAH LLC.		
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:	9864 W 34TH CT	
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33018	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ime of the new registered
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 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 Changing 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Remove
			□Change
			□Add
			Remove
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			□Remove
			□Change

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Effective date, if other if an effective date is listed, the Note: If the date inserted document's effective date	ne date must be specific and c in this block does not mu	cannot be prior to date of t eet the applicable statu	filing or more than 90 days a	ptional) fter filing.) Pursuant to 605.0207 this date will not be listed as
ne record specifies a The 90th day after		ate, but not an eff	ective time, at 12:0	1 a.m. on the earlier of
07/20 Dated		2022		2022 JUL 27
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