Division of Corporations



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Division of Corporations (858)617-6383

Fax Number

Fron:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803

Fax Number : [813)436-5206

> \*\*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 HENRY LEWIN INVESTMENTS LLC

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Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HENRY LEWIN INVESTMENTS LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records. amited Liability Company)	)
The Articles of Organization for this Limited Liability Con	mpany were filed on 03/21/22	and assigned
Florida document number L22000146690	<del>.</del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		77.
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		E & [
		SSI. A
Enter new mailing address, if applicable:		5 5
(Mailing address MAY BE A POST OFFICE BOX)		200
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	····
	, Flor	
	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.

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To: 18506176383

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Page:	3/4

Fax: 8134365206

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
Partner/MGR	MICHAL SHEMESH	8772 BRIDGEPORT BAY CIR	<b>⊠</b> Add
		MOUNT DORA, FL 32757	□Remove
			ClChange
			□Add
			□Remove
			DChange
	<del> </del>		□Add
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			□Change
			□Add
			□Remove
			Change

ated March 8	2024	_ •	
record specifies a delayed effect is filed	tive date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (b) The	90th day after the
ote: If the date inserted in this	nust be specific and cannot be prior to block does not meet the applicab Department of State's records.	de statutory filing requirements, this date v	Pursuant to 605.0207 ( vill not be listed as t
fective date, if other than th	he date of filing:	date of filing or more than 90 days after (fling.)	
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