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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	•	•
	TNERS ASSETS IN ISRAEL I	LLC * •	7
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Nadav Narkiss		
		Name of Person	
	NIR PARTNERS ASSET	S IN ISRAEL LLC	
	-	Firm/Company	
	1514 Evergreen Ter		
		Address	. ~
	Hollywood FL 33021		022 A
	nadav.narkiss@gmail.com	City/State and Zip Code	PR I
		to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	ali:	2022 APR 19 PH 12: 52
Nadav Narkiss		754 262-4952 at ()	52
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIR PARTNERS ASSETS IN ISRAEL 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 03/30/2022 Florida document number \_\_\_L22000154481 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NIR PARTNERS ASSETS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed	irom our records.		
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
		<del></del>	□Add
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an effec <u>ote:</u> If	e date, if other than the date of filing:
ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
nted _	
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	Signature of a member or authorized representative of a member

Filing Fee: \$25.00