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Division of Corporations

Florida Department 🏚 🛣 tat**e**

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Division of Corporations

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Account Name : FILE IT USA INC. Account Number : I20190000121 Phone : (718)925-2025 Fax Number : (718)925-2027

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Meohr Bais Yaakov LLC | | |
|--|---|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000191832</u> | were filed on 05/10/2022 | and assigned |
| 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 ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | 3821 Labyrinth Road | |
| (Mailing address MAY BE A POST OFFICE BOX) | Baltimore, MD 21215 | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter the nan</u> | ne of the new registered |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | Zip Cille |
| New Registered Agent's Signature, if changing Registered Agent: | | 2:0 |
| 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 porovided for in Chapter 605, F.S. Or. | familiar with and if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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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 |
|--------------|-------------|---------|----------------|
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| Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D | ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs block does not meet the applicable statutory filing requirements, this date will r | uant to 605.0207 not be listed as |
| ne record specifies a delayed effective ord is filed. | ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th | h day after the |
| Dated | 2022 | |
| | | |
| 1s/ Zecharya Greenwa | ald | |
| 1s/ Zecharya Greenwa | Signature of a member or authorized representative of a member | |