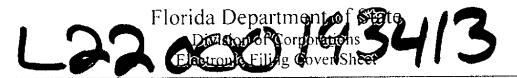
Division of Corporations



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(((H220001791173)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: scrvice@fileitusa.com ______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 585 NW 51ST STREET LLC

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Help

From: 17189252027 To: 18506176383

(((H22000179117 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

585 NW 51st Street LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 05/11/2022	and assigned
Florida document number L22000193413		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TO MAY 1
		AMOVE AMOVE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ည်
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	re address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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.

From: 17189252027 To: 18506176383

(((H22000179117 3)))
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	Address	Type of Action
AMBR	YAAKOV YISROEL GAHFI	400 SUNNY ISLES BLVD	□Add
		SUNNY ISLES BEACH, FL 33160	≡ Remove
			□ Change
AMBR AM GAHFILLC	AM GAHFI LLC	10201 COLLINS AVE =807S	
		BAL HARBOUR, FL 33154	≡ Remove
			□ Change
			□ Add
			□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
			□Add
			Remove
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			□Remove
			□ Change

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E. Effective date, if other than t (If an effective date is listed, the date) Note: If the date inserted in this document's effective date on the	block does not meet the applicab	date of filing or more than 90 days after the statutory filing requirements, this	nal) filing.) Pursuant to 605,0207 (3)(date will not be listed as the
f the record specifies a delayed effected is filed.	tive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated May 19	. 2022	.•	
	10/ Marke Chain Lehrer	zed representative of a member	
Moshe Chaim Lehre		sea representative sit a memori	
	Typed or printed	name of signee	