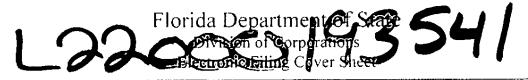
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000179164 3)))



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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: service@fileitusa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **503 NW 47TH STREET LLC**

Certificate of Status	0
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Corporate Filing Menu

Help

From: 17189252027 To: 18505176383

(((H22000179164 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

503 NW 47th Street LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000193541</u>	mpany were filed on $\frac{05/11/2022}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>(SS)</u>	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the na</u>	me of the new registere
		19 128
New Registered Office Address:	Emer Florida sweet address	
	. Florida	9.
	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

(((H22000179164 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>	<u>Name</u>	Address	Type of Action
AMBR	YAAKOV YISROEL GAHFI	400 SUNNY ISLES BLVD	□Add
		SUNNY ISLES BEACH, FL 33160	■ Remove
			Change
AMBR AM GAHFULLC	AM GAHFULLC	10201 COLLINS AVE #807S	□ Add
		BAL HARBOUR, FL 33154	≡ Remove
			Change
		□Add	
		□Remove	
			☐ Change
			🗆 Add
			□Remove
			□ Change
			DAdd
			□Remove
			Change
.			
			□Remove

□Change

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	······
Effective date, if other than the date of filing:	irsuant to 605,0207 (3 Il not be listed as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 and is filed.	0th day after the
Dated May 19 2022	
/s/ Marke Chair Lehrer Signature of a member or authorized representative of a member	
Moshe Chaim Lehrer Typed or printed name of signee	