Division of Corporations

Florida Department of State Division of Corporations Electronic Filling Cover Sheer

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

AH 10: 09

2822 JUS: -9

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: yaniv@raphaelp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAPHAEL PORCELAIN OF MIAMI LLC

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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
JUN 13 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ` OF

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ny were filed on05/13/2022	and assigned
ability company here:	
ability Company," the designation	"LLC" or the abbreviation "L.L.C."
	cords, enter the name of the
	-9 -9
Enter Florida street a	Florida 3
City	Ang Code
	office address on our recere:

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.

/s/			
If Changing Register	d Agent, Signat	ure of New Regist	tered 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
AMBR	BENJAMIN COHEN	6900 NW 37TH CT	
		MIAMI, FL 33147	■ Remove
			□ Change
AMBR Acher Cohen	Acher Cohen	75 Country Club Road	Add
	Tenafly, NJ 07670	☐ Remove	
			Change
		_	Add
		Remove	
		Change	
		□ Add	
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			☐ Change
		Add	
		☐ Remove	
		☐ Change	
			Add
			Remove
			□ Change

(H22000201134 3)))	From: 17184082550 To: 18506176383
If amending any other info	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	
 	
 	
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the document of the date inserted in the document of the date on the date of the date o	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 block does not meet the applicable statutory filing requirements, this date will not be listed a
the record specifies a dela) The 90th day after the	ed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier decord is filed.
Dated June	9
	/s/ Acher Cohen
	Signature of a member or authorized representative of a member
Acher Cohen	
Atomor Contin	Typed or printed name of signee

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Filing Fee: \$25.00