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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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Certified Copies	_ Certificates of :	Status
Special Instructions to	Filing Officer:	
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Office Use Only





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# **COVER LETTER**

TO:

	stration Sec sion of Corp				
SUBJECT:	FARC	HI INVESTMENTS LLC			
SUBJECT; _		Name of Limi	ited Liability Company		_
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return a	all correspor	ndence concerning this matter	to the following:		
			Nadav Farchi		
			Name of Person		72
		FAR	CHI INVESTMENTS LL	С	2023 JUN 26 PH 12: 18
			Firm/Company		UH 2
8074 GATE PKWY APT 4120				, o	
			Address		H 12
		JA	CKSONVILLE, FL 3221	6	18
			City/State and Zip Code		
			Office@farchi-group.com to be used for future annual re		<del></del>
For further in	formation co	oncerning this matter, please ca		,	
	Nadav F	archi	at ( 904 )	7610799	
	Name of	Person	Area Code	Daytime Telephone Num	ber
Enclosed is a	check for th	e following amount:			
<b>≡</b> \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifi sed) Certifi	Filing Fee, icate of Status & ied Copy mal copy is enclosed)
Reg Div P.O	ing Address istration S ision of Co . Box 632' ahassee, F	ection orporations 7	Division The Cent 2415 N.	Iress: ion Section of Corporations tre of Tallahassee Monroe Street, Suite see, FL 32303	<u>:</u> 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FARCHI INVESTMENTS LLC

( <u>Name of the Limited Liability Con</u> (A Florida Limite	n <mark>pany as it now appears o</mark> ed Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compa Florida document numberL23000021221	any were filed on	01/10/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	: : :	1023 JU
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desi	gnation "LLC" or the abb	reviations L.L.C."
Enter new principal offices address, if applicable:		: . : .	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			77. 78
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our reco	ords, <u>enter the name</u>	of the new registered
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	Nadav Farchi		
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			hange Add
	•	:	□ RETIOVE
		<del></del>	© □Change
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	layed effective date.	but not an eff	ective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th da	ay after the
s tiled.							
	26/2023	·	·				
is filed. ted <i>O6/</i> ^				epresentative of a			