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то:	Registration Section Division of Corporations		
	Juda Tribe of Israel, LLC		
SUBJ	(Name of Lim	nited Liability Co	ompany)
The e	nclosed member, resignation or dissoci	iation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to	:
Morris	Malka		
	(Contact Person)		
Juda T	ribe of Israel, LLC		
-	(Firm/Company)		_
3975 S	W 53rd Court		
	(Address)		_
Fort La	nuderdale, FL 33312		
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For fi	orther information concerning this matt	er, please call	:
Morris	Małka	917 at (747-3333
	(Name of Contact Person)		e & Daytime Telephone Number)
	sed please find a check made payable t 5 Filing Fee		Department of State for: ng Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited lial of State is:	bility company as I, LLC		ls of the Florida Department
2. The Florida document/regis	stration number as	ssigned to this limited lia	ability company is:
3. The date this member/mana 4. I, Jennifer Y Malka (Print Name of Perso MGR		igned or will withdraw/r, hereby withdraw/	_
of this limited liability compresignation in writing.	any and affirm th	e limited liability compa	any has been notified of my
_	Member or Resign (Required) (Optional)	ning Manager	FILED 2024 DEC 16 PM 4:1 SECHLIANY OF STATAL LAHASSEE, F