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COVER LETTER

TÓ:	Registration Section Division of Corporations			
SÜBJI	ECT: House of Zehavit LLC			
Name of Limited Liability Company				
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Sharese Dixon-Banks			
	Generation Zehavit LLC Firm/Company			
	2577 Bay Pointe Dr.			
	Fort Lauderdale, FL 33327 City/State and Zip Code			
	<u>Jeneration zehavit a Proton. me</u> E-mail address: (to be used for future annual report notification)			
For fu	rther information concerning this matter, please call:			
_S	Name of Person at (954) 696-32-11 Name of Person Daytime Telephone Number			
Enclos	sed is a check for the following amount:			
□ \$ 2	25.00 Filing Fee Solution Solution Status Solution Status Solution Solution Status Solution Status Solution Status Solution Solution Status So			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

FILED

House.	of zehavit LL(, 2024 DEC 10 PM12: 45
(Name of the Limited L. (A F	Jability Company as it now appears on our records.) Forida Limited Liability Company) FALLAHASSEE, FLORIDA
	lity Company were filed on 12-18-2023 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Bye Mi The new name must be distinguishable and contain the words	C F O D A Stics AI LLC "Limited Hability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name of the new registere</u> ere:
Name of New Registered Agent:	Sharese Dixon-Banks
New Registered Office Address:	Sharese Dixon-Banks 2577 Bay Pointe Dr Enter Florid street address
_	Weston, Florida 33327
New Registered Agent's Signature, if changing Regis	

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			Remove
			Change
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an cff ote:	e date, if other than the date of filing: 12-03-2 tive date is listed, the date must be specific and cannot be prior to date of fil the date inserted in this block does not meet the applicable statuto it's effective date on the Department of State's records.	ing or more than 90		,) Pursuant	
recor	specifies a delayed effective date, but not an effective time, at 12:0 d.	l a.m. on the earli	ier of: (b) Ti	he 90th da	y after the
is fil	03 December 2024.				
	oo becomen . 2021.				
l is fil	Signature of a member or authorized repres				