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COVER LETTER

TO: Registratic Division o	on Section f Corporations	·	
GILA SUBJECT:	D MANAGEMENT LLC		
Name of Limited Liability Company			
Dear Sir or Madam	:		
The enclosed Stater	ment of Correction and fee(s)	are submitted for filir	ng.
Please return all cor	respondence concerning this	matter to the followir	រត់:
Jamie Tarich			
	Name of Person	,	
The Tarich Law Fi	m P.A.		
	Firm/Company		_
1946 Tyler Street			
	Address	·+ ***	•••
Hollywood, Florida	33020		
	City/State and Zip Code	-	_
jamie@tarichlaw.co	om		
E-mail address	s: (to be used for future annua	al report notification)	_
For further informat	ion concerning this matter, p	lease call:	
Jamie Tarich		305 at (503-5096
No	nme of Person	Area Code	Daytime Telephone Number
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: GILAD MANAGEMENT LLC SECOND: The Florida Document number of the limited liability company is: Document to be corrected is: Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The following individuals were listed as Managers of the Company but they were never Managers of the Company: Avraham Ovaknin, Shaul Zislin, Eliyahu Levy, Doron Malinasky. The sole Manager is and always was Gilad Ovaknin <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. by Jamie Tarich, Authorized Representative 1/12/2023 Signature of Authorized Representative Date Signature of new registered agent, if applicable it NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)