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APR - 3 2024
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COVER LETTER

TO:		istration Sec sion of Corp			
CUD IE	СТ	ADAR GIM			
SUBJEC	LI:		Name of Lim	nited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub-	omitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter	to the following:	
			Ryan Isenberg		
				Name of Person	
			Isenberg & Hewitt, P.C.		
				Firm/Company	
			1200 Altmore Ave., Suite	120	
			_	Address	
			Sandy Springs, GA 30342		
				City/State and Zip Code	
			ryan@ihlaw.us		
For furth	her ir	iformation co	h-mail address: (oncerning this matter, please co	(to be used for future annual report notification)	
Ryan Iso	enbei	rg		770 351-4400 at ()	
		Name of	Person	Area Code Daytime Telephone Number	_
Enclosed	d is a	check for th	e following amount:		
≡ \$25	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing I Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy)	Status & y
		iling Address gistration S		Street Address: Registration Section	
	-	•	orporations	Division of Corporations	
	P.C). Box 632	7	The Centre of Tallahassee	
	Tal	lahassee, F	L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADAR GIMEL, LLC		
(Name of the Limited Liability	ty Company as it now appears on our record Limited Liability Company)	<u>is.</u>)
(A Fiorida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on MARCH 11, 2024	and assigned
1 240001 20358	ompany were med on	and assigned
lorida document number L24000120358	<u>_</u> ·	22
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ited liability company here:	
ADAR BEIS, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
		 -
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
•		
		
7 T6 di - Abistdtd/aist	d office address an our records enter	the name of the new register
If amending the registered agent and/or registered gent and/or the new registered office address here:	a office address on our records, enter	the name of the new register
gent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	кинет и полиц месен инитех	<i>1</i> ,
	FI	orida
	City	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 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	ERAN ISRAEL	3505 SOUTH OCEAN BLVD, #CU-1	≡ Add
		HOLLYWOOD, FL 33019	□Remove
			□Change
MGR	ADAR ALEF MEMBER, LLC		□ Add
			=Remove
			Change
		_	□Add
			□Remove
			□ Change
			□Add
			□Remove
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If an effective date is Note: If the date		specific and cannot be does not meet the ap	pplicable statutory	or more than 90 days :	ptional) after filing.) Pursuant to 6 this date will not be li	
	a delayed effective da	ate, but not an effect	ive time, at 12:01 a	.m. on the earlier of	f: (b) The 90th day af	fter the
rd is filed.						
March 15		2024				
Dated	<u> </u>		$\overline{}$			
		-	_/>	> 2		
		/	authorized representa			

Typed or printed name of signee