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COVER LETTER

	egistration Sec ivision of Corp			
erich in zen		'EST FLORIDA 2 INVESTO	RS LLC	
SUBJECT	:	Name of Lin	ited Liability Company	
The enclos	ed Articles of 7	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Yiftach ilyov		
			Name of Person	
			Firm/Company	
		306 e tyler st		
			Address	
		tampa fl 33602		
		jetf@empiredevelopmenttl	City/State and Zip Code	
		E-mail address; (to be used for future annual report notif	lication)
For further	information co	incerning this matter, please c	ull:	
yiftach ily			at () 3833347 Area Code Daytime	
Name of Person		Area Code Daytime	e Telephone Number	
Enclosed is	a check for the	e following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	ailing Address egistration Sivision of Co O. Box 6327 allahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee E Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RIGHT INVESTIFLORIDA 2 INVESTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Floudy Limited Liability Company)

(A Florida I.	amited Liability Company)	S-SIATE	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 7/2/24		
Florida document number 1.24(0)()298422			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter th</u>	e name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
		ida	
New Registered Agent's Signature, if changing Registered A	•	Zsp Code	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and nt as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is	
	If Changing Registered Agent, Signature of S	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	ASSYAG, MENASHE	306 E TYLER ST	□Add	
		TAMPA, FL 33602	■Remove	
			Change	
AMBR	NETER, AVIV	306 E TYLER ST	□Add	
		TAMPA, FL 33602	■Remove	
			□Change	
AMBR	GOYTE, ZURI	306 E TYLER ST	□Add	
		TAMPA, FL 33602	Remove	
			□Change	
AMBR	ISRAEL, GUY	306 E TYLER ST	□Add	
		TAMPA, FL 33602	Remove	
			□Change	
AMBR	ROSEN, YOEL	306 E TYLER ST	□Add	
		TAMPA, FL 33602	■Remove	
			☐Change	
AMBR	SUCAR, EYAL	306 E TYLER ST	□Add	
		TAMPA, FL 33602	□Remove	
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Note: If the c	te, if other than the ate is listed, the date must late inserted in this ble ffective date on the De	ck does not me	et the applica	o date of filing o ble statutory fi	r more than 90 c ling requireme	_ (Optional) lays after filing ents, this date) .) Pursuant to 605. will not be liste	0207 (3)(t d as the
f the record speci ecord is filed.	fies a delayed effective	date, but not a	n effective tin	ne, at 12:01 a.i	n. on the earli	er of: (b) T	ne 90th day after	the
	23RD	_	2025					
Dated JULY	 			- ·				
Dated								
Dated		Signature of a me	ember or author	ized representat	ive of a membe			

Filing Fee: \$25.00