

M17-0000005745

Division of Corporations 12/28/17 12:22 PM

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CUSTOM MANAGEMENT LLC
Account Number : T20170000014
Phone : (302)307-3686
Fax Number : (561)228-0747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

OFFICE OF THE
CLERK OF THE
SUPREME COURT
JANUARY 1, 2018
TALLAHASSEE, FLORIDA

17 DEC 28 PM 2:49

1.ED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CUSTOM INVESTMENTS (FLORIDA), LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FAX COVER SHEET

TO	Yasmin
COMPANY	
FAXNUMBER	18502456030
FROM	Ilia Mogilevsky
DATE	2017-12-28 17:40:46 GMT
RE	Amendment to Articles of Organization - Custom Investments (Florida) LLC

COVER MESSAGE

Yasmin,

As discussed, please see attached amendment for Custom Investments (Florida) LLC.
Please give me a call to confirm this is correct and will be online today.

2017 DEC 28 PM 1:55

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Wyoming

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M17000005745

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 7/7/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Ilia Mogilevsky

New Registered Office Address: 147 Sedona Way

Enter Florida Street Address

Palm Beach Gardens, Florida 33418
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.

Ilia Mogilevsky
If Changing Registered Agent, Signature of New Registered Agent

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 DEC 28 PM 2:49

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/Capacity	Name	Address	Type of Action
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MGR	Shlomo Ben Izhak	4371 Northlake Blvd, Suite 305	<input type="checkbox"/> Add
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		Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Remove
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MGR	Ilia Mogilevsky	147 Sedona Way	<input checked="" type="checkbox"/> Add
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		Palm Beach Gardens, FL 33418	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Ilia Mogilevsky

Typed or printed name of signee

Filing Fee: \$25.00

17 DEC 28 PM 4:9
ALL MASS E-FLORIDA

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