Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DERHY FINANCIAL SERVICES LLC

Account Number: I20090000059

Phone : (786)380-3472 Fax Number : (786)320-6879

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

> COR AMND/RESTATE/CORRECT OR O/D RESIGN HAREL MANAGEMENT GROUP INC.

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C. LEWIS

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Harel Management Group Inc. P11000022135 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Dvir Derhy** Name of Contact Person **Derhy Financial Services LLC** Firm/ Company 99 NW 183rd Street, Ste 138 Miami, FL 33169 City/ State and Zip Code Dvir@Bellsouth.Net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dvir Derhy Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐\$52.50 Filing Fee ☐\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



14 APR -8 AM 9: 48

Articles of Amendment to Articles of Incorporation SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the	ne Florida Dept. of State)
P11000022135	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corpore" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," oword "chartered," "professional association," or the abbreviation	or "Co", A professional corporation name must contain the
B. Enter new principal office address, if applicable:	16931 NE 5th Ct
(Principal office address MUST BE A STREET ADDRESS)	North Miami Beach, FL 33162
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16931 NE 5th Ct
	North Miami Beach, FL 33162
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent Derhy Financia	al Services LLC
99 NW 183rd \$	Street Ste 138
'	la street address)
New Registered Office Address: Miami	33169
(6)	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	<u>rent:</u>
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
Signature of New Register	red Agent, if changing

If amending the Officers and/or Directors, exter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Tjtle</u>	Name	Address
1) Change	P	Harel David	16931 NE 5th Ct
Add			N Miami Beach, FL 33162
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

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The date of each amendment(s) an	option:	SECRETARY OF STATE TALL AHASSEE, FLORD.	. if other than the
date this document was signed.		TALL AHASSEE, FILURID.	
Effective date if applicable:			_
	(no more than !	00 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The	e number of votes cast for the amendment(s)	
		ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/we	re sufficient for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/were ado action was not required.	pted by the board of director	without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators wit	hout shareholder action and shareholder	
Dated 4/8/14			
Signature David	Harel		
selecte		cer — if directors or officers have not been ne hands of a receiver, trustee, or other court)	
	David Harel		
	(Typed or	rinted name of person signing)	
	President		
	<u></u>	itle of person signing)	