Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : 8 RILEY WEALTH TAX SERVICES INC

Account Number : I20120000051 Phone : (305)937-7773 Fax Number : (815)301-2897

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DR. TZIKI DESIGN LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

TO:	Registration Sec Division of Corp			
		DESIGN LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn all correspon	ndence concerning this matter	to the following:	
		MOSHE RACCAH		
			Name of Person	
		DR TZHKI DESIGN LLC	:	
			Firm/Company	
		2875 NE 191 ST #601		
			Address	 _
		AVENTURA, FL 33180		
			City/State and Zip Code	
		RACCAHGI@GMAIL.CC E-mail address: (OM to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please c	all:	
MOSHI	E RACCAH		305 692-5204	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
	.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)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, I	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassec e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR TZIKI DESIGN LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L25000015514</u> .	were filed on JANUARY 8, 2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the пяг	2 025 JA
New Registered Office Address:	Enter Florida street address	FILED N28 AM
	City	C Top Co.
New Registered Agent's Signature, if changing Registered Agent:		Şim &

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
,MGR	ORON, ZVIA ZIKI	2875 NE 191 ST	□Add
		SUITE 601	■Remove
		AVENTURA, FL 33180	☐Change
			⊡∧dd
			□Remove
			□Change
			□∧dd
			□Remov e
			□Add
			CRemove
			□Change
		_	□Add
			□Remove
			☐ Change
			□Add
			Remove
			□ Change

1/28/2025 9:25 AM FROM: B Riley Tax TO: +18506176383 P. 5

Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statusory timing requirements, this date with not be visited.
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed is filed.
Dated
Signature of a member or authorized representative of a member
Maga Rossau

Filing Fee: \$25.00