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COVER LETTER

Division of Corporations
SUBJECT: 6 lubilited Halding, LLC Name of Limited Liability Company
Name of Emined Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
D.l.p Singh Name of Person
Name of Person .
Firm/Company
333 NE 21 A Avenue Un+ 1/08
Deerfield Beach Flor, 1 33441 City/State and Zip Code
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
D. In Singh at (2 03) 231-1716 Name of Person Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \$\text{Certified Copy}\$\$ Certified Copy (additional copy is enclosed)\$\$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

- Clubultel	Huldings LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number \(\bigcup \langle \langle \langle \cap \langle \cap \cap \cap \cap \cap \cap \cap \cap	SL31.
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited 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.)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Decepted Bonk Floor 2014
B. If amending the registered agent and/or registered agent and/or the new registered office	in -<
Name of New Registered Agent:	Alternan & Kownl. PA FS = 0
New Registered Office Address:	Enter Florida street address
-	Ft. Louderhle Horida 33301 City Zip Code
Name Disciplanted Agant's Signature if changing Dag	

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 Changing Registered Agent, Signature of 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

Title Name <u>Address</u> Type of Action 333 NE 21st Avenus - Add Dilp Singh Unit 11012 - Remove Derr Fell Bank Florik 33471 Dechange MGA Sirty Singh 333 NE 21 Avenue DAdd Un+ 1108 Dearfield Bench Floring 33471 Schange □ Add ☐ Remove P P P Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

						
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