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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER MAY 11 2019

COVER LETTER

		ation Sect n of Corpo				
SUBJEC		tro Planet	Orlando, LLC			
SUBJEC	·1;		Name of Lim	ited Liability Company		
The encle	osed Art	ticles of A	mendment and fee(s) are sub	mitted for filing.		
Please ret	turn all	correspond	dence concerning this matter	to the following:		
			Zohar Rossian			
				Name of Person		
			Metro Planet Orlando, LLO	c		
				Firm/Company		
			3040 N.E. 208 st			
				Address		
			Aventura, FL 33180			
City/State and Zip Code						
			metroplanet@gmail.com			
				to be used for future annual repor	rt notification)	
For furthe	er inforr	nation con	cerning this matter, please ca	dl:		
Zohar Ro	ossian			754 423-25	96	
		Name of P	erson	Area Code D	aytime Telephone Number	
Enclosed	is a che	ek for the	following amount:			
□ \$25.0	0 Filing	g Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Soo.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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 OF

Metro Planet Orlando, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Li	ability Company	were filed on _06/16/2016	and assigned
Florida document number L16000122390	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applic	able:		CRE ON
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	3040 N.E. 208 st	OF R
		Aventura, FL 33180	
			OR AN
Enter new mailing address, if applicable:			2
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	3040 N.E. 208 st	
		Aventura, FL 33180	
B. If amending the registered agent and/ registered agent and/or the new registered of			ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:	Zohar Rossian		
New Registered Office Address:	3040 N.E. 208		
egistered agent and/or the new registered Name of New Registered Agent:		Enter Florida street	address
	Aventura		Florida 33180
		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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Oren Winer	5973 S.University DR	
		Davie, FL 33328	■ Remove
			
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