## 118000160870

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | = #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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DIVISION OF CORPORATIONS

N COOPER JUL 18 2018

## **COVER LETTER**

| то:          | Registration Se<br>Division of Cor |   |   |  |
|--------------|------------------------------------|---|---|--|
| 01115        | 4300 LLC                           |   |   |  |
| SUBJ         | ECT:                               | Name of Lim                                     | ited Liability Company  | <del></del>  |
| The e        | nclosed Articles of                | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please       | e return all correspo              | ondence concerning this matter                  | to the following:   |  |
|              |                                    | Vijay Ramjit                                    |   |  |
|              |                                    |   | Name of Person  |  |
|              |                                    | 4300 LLC  |   |  |
|              |                                    |   | Firm/Company  |  |
|              |                                    | 6721 Ixora Drive                                |   |  |
|              |                                    |   | Address   |  |
|              |                                    | Miramar, FL 33023                               |   |  |
|              |                                    | <del></del>                                     | City/State and Zip Code   |  |
|              |                                    | vijayramjit@gmail.com                           | to be used for future annual report notil                           | ication)   |
| For fu       | urther information c               | oncerning this matter, please co                | ·   |  |
|              | Ramjit                             |   | 786 218-5131  |  |
|              | Name o                             | f Person  | at ()<br>Area Code Daytime  | : Telephone Number   |
| Enclo        | sed is a check for th              | ne following amount:                            |   |  |
| <b>■</b> \$3 | 25.00 Filing Fee                   | □ \$30.00 Filing Fee &<br>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 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

|  | 00 LLC   |  |
|--|--|--|
| ( <u>Name of the Limited Liabili</u><br>(A Florida   | ity Company as it now appears on our records.)<br>a Limited Liability Company) |  |
| The Articles of Organization for this Limited Liability C<br>Florida document number L18000160870      | Company were filed on 7/2/2018   | and assigned                             |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the lim   | ited liability company here:   |  |
| The new name must be distinguishable and contain the words "Lim  | nited Liability Company," the designation "LLC" or t                           | he abbreviation "L.L.C."                 |
| Enter new principal offices address, if applicable:  |  | July 41-12                               |
| (Principal office address MUST BE A STREET ADDI  | RESS)  | 18 P                                     |
| (27 megal office data to the MOST BE /151 NEET 1100)   |  | DC 60181                                 |
|  |  |  |
| Pater and any line and decree of the Black line.   |  | 60 87 E                                  |
| Enter new mailing address, if applicable:  |  | <u> </u>                                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  |  |  |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add |  | <u>iter the name of the nev</u>          |
| Name of New Registered Agent:  |  | 1,1-1,2-1,2-1,2-1,1-1,1-1,1-1,1-1,1-1,1- |
| New Registered Office Address:   |  |  |
|  | Enter Florida street address   |  |
|  | , Florid   |  |
|  | 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> | Name                                  | Address           | Type of Action |
|--------------|---------------------------------------|-------------------|----------------|
| MGR          | Vijay Ramjit                          | 6721 Ixora Drive, |                |
|              |                                       | Miramar, FL 33023 | ☐ Remove       |
|              |                                       |                   | ■ Change       |
|              |                                       |                   |                |
|              |                                       |                   | ☐ Remove       |
|              |                                       |                   | ☐ Change       |
|              |                                       |                   | □ Add          |
|              |                                       |                   | □ Remove       |
|              | <del></del>                           |                   | ☐ Change       |
| <del></del>  |                                       |                   | Add            |
|              |                                       |                   | □ Remove       |
|              |                                       | Change            |                |
|              | · · · · · · · · · · · · · · · · · · · | Add               |                |
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|   |                                       |
| tive date, if other than the date of filing: (op  | tional)                               |
| Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft.  If the date inserted in this block does not meet the applicable statutory filing requirements, the | ler filing.) Pursuant to 605.02       |
| nent's effective date on the Department of State's records.   | ns date will not be listed            |
|   |                                       |
| cord specifies a delayed effective date, but not an effective time, at 12:01  | a.m. on the earlier                   |
| e 90th day after the record is filed.   |                                       |
|   |                                       |
| July 9 / 2018   |                                       |
|   |                                       |
|   |                                       |

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Filing Fee: \$25.00