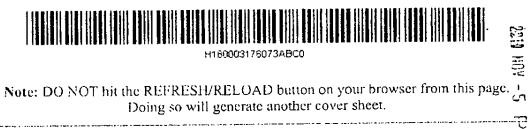
## Division of Corporations Electronic Filing Cover Sheet

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.

(((H180003176073)))



To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079 Phone : (305)804-1047 Fax Number : (866)767-7835

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1435 ALTON ROAD LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

From Hector Rodriguez Fax: (868) 767-7835

To: Sunbiz LLC

Fax: (850) 817-8383 Page 2 of 4 11/03/2018 12 12 PM

(UL HU8 000 317607 3))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1435 ALTON ROAD LLC  |  | <del></del>  |  |
|--|--|--|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited).  | y as it now appears on our records.} ability Company)  |  |  |
|  |  |  |  |
| The Articles of Organization for this Limited Liability Company  | were filed on  | and assigned   |  |
| Florida document number: L18000205067  |  |  |  |
| Fiorida document number  |  | ، بحج  |  |
| This amendment is submitted to amend the following:  |  | <u> </u>   |  |
| 4.1. 11. 12. 12.   | Carrier and Branch   | NOI 152  |  |
| A. If amending name, enter the new name of the limited liabil  | ity company nere:  |  |  |
|  |  | <u> </u>   |  |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the designation "LLC" or  | the abbreviation "L.L.C."  |  |
| Enter new principal offices address, if applicable:  |  |  |  |
|  |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  | . vi   |  |
|  |  |  |  |
|  |  |  |  |
| Enter new mailing address, if applicable:  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |  |
| Manning address MAT BE A FOST OF FICE BOOK   |  |  |  |
|  |  |  |  |
| The second of  | The address on our records e   | nter the name of the new   |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here        | ·  | THE THE PARTY OF T |  |
| Tegistered agent and/or the new registered water good of   | •  |  |  |
|  |  |  |  |
| Name of New Registered Agent:  |  |  |  |
| New Registered Office Address:   |  |  |  |
|  | Finer Florida street address   |  |  |
|  | , Florida  |  |  |
|  | City   | Zip Code   |  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |  |  |
|  | the state of the s | out across to comply with the  |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete | e to act in this capacity. I jurine  | er agree to comply with the<br>Law familiar with and   |  |
| accept the obligations of my position as registered agent as p   | rovided 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 t   | he limited liability   |  |
| company has been notified in writing of this change.   |  |  |  |
| •  |  |  |  |
|  |  |  |  |
| If Chan  | ging Registered Agent, Signature of N  | ew Registered Agent  |  |

MGR = Manager

To, Sunbiz LLC

Fax: (850) 817-8383 Page 3 of 4 11/03/2018 12 12 PM ((( H 1800 2/7607 3)))

□ Сhange

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = A | uthorized Member |                       |                |
|----------|------------------|-----------------------|----------------|
| Title    | Name             | Address               | Type of Action |
| MGR      | SARIARI SHARUK   | 1435 ALTON ROAD       | Add            |
|          |                  | MIAMI BEACH, FL 33139 | ☐ Add          |
|          |                  |                       | □ Chiange      |
|          |                  |                       |                |
|          |                  |                       | Remove         |
|          |                  |                       | □ Change       |
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|          |                  |                       | ☐ Remove       |
|          |                  |                       | ☐ Change       |
|          |                  |                       | □ Add          |
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|          |                  |                       | □ Change       |
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|   |      | re: (Attach additional sheets |      |                |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.

If the 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 record is filed.

NOVEMBER 02 2018 Signature of a member or authorized representative of a member SRINIVAS RAJARAM Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00