L20000354943

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COVER LETTER

Division of Cor	porations	K " G G G G G G G G G G G G G G G G G G		
subject: <u>A</u> V	ari Enterp	SHES LLC.	* 1	
	Name of Issue	need Machiney Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Brian -	TOVOFEZ Name of Person		
		Firm/Company		
	2227 NOT	MA Blud. Address		2822 DEC
	Mount Dara	FL 327-57 City/State and Zip Code		0-8 F
	Stavort: E-mail address: (7429 @ gMOr'l to be used for future annual report notif	· () ()	- 1. α.
For further information c	oncerning this matter, please co	all:		, , a
enan Tav	arez f Person	at (<u>407</u>) <u>284</u>	e Telephone Number	
ivane o	i i cison	Alea Code Daydiik	e rejephone Number	
Enclosed is a check for th	ne following amount:			
₤ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing Addres Registration S		Street Address:	ntion	
Negistration a		Registration Sec	auun paratione	

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

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	Ses LL	C.	_		
(A Florida Limi	ted Liability Compar	ny)			
The Articles of Organization for this Limited Liability Comp.	any were filed on	11.11.202	aı	nd assig	gned
Florida document number <u>L20000354942</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	liability company	y here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," tl	he designation "LLC" or	the abbreviat	ion "L.L.	.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	2			~~	
			<u> </u>	£27	
				OEC	*
Enter new mailing address, if applicable:			하다. 개인	ا ش	•
(Mailing address MAY BE A POST OFFICE BOX)			·	<u>-</u> -	
	<u></u>				;
			.,	 კა . დ	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on ou	r records, <u>enter the</u>	name of th	ie new	registere
Name of New Registered Agent:					
New Registered Office Address:					
	Enter :	Florida street address			
		, Florid			
	City		Zip	Code	
New Registered Agent's Signature, if changing Registered Age	ent:				
I hereby accept the appointment as registered agent and a	agree to act in th	is capacity. I furthe	r agree to	comply	v with the

If Changing Registered Agent, Signature of New Registered Agent

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
MIR	SOMONHOO TOLONEZ	2227 Notoma Blud.	□Add
		Mount Burg, PL 32757	(DRemove
			□Change
			□Remove
			□Change
		? ? . — ;	Bremove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)
te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
ded December 2nd 2027/	

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