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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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			ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please i	return all correspo	indence concerning this matter	to the following:			
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		MATINIOOD D ANNAD	Name of Person			
			Firm/Company			
		14476 GRAPEVINE DR				
		THIN OWN BYING DIC	Address	<u></u>		
		NAPLES, FLORIDA 341				
			City/State and Zip Code			
		mahmooddahmad@gmail.c	om to be used for future annual report noti			
			•	neation)		
For furt	her information c	oncerning this matter, please ca	ail:			
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IVIZCITAV	400D D AHMA Name o	r'Person	at (<u>862</u>) <u>668-6446</u> Area Code Davtim	e Telephone Number	— <i>Igi</i>	ر.
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Enclose	ed is a check for the	he following amount:			-0	
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &	☐ \$60.00 Filing	虚。于	
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Cop		
			• •	(additional copy		

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3961 IST AVE NW LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/12/2021 and assigned Florida document number 1.21000222010 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 14476 GRAPEVINE DR (Mailing address MAY BE A POST OFFICE BOX) NAPLES, FLOIRDA 34114 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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
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	$\underline{\hspace{1cm}}$ \mathcal{M}	Signature of a	member or au	thorized repre	sentative of a n	nember			