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## **COVER LETTER**

Div	ision of Corp	porations			
SUBJECT:	AILULAJ U	JSA LLC			
		Name of Lim	aited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Romy B. Jurado			
		"	Name of Person		
		Jurado & Farshchian, P.L.			
	12955 Biscayne Boulevard, Suite 328				
			Address		
		North Miami, FL 33181			
			City/State and Zip Code	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		romy@jflawfirm.com			
		E-mail address: (	to be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please co	all:		
Romy B. Jur			305 921-0440 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO: . Registration Section

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

AILULAJ USA LLC				
(Name of the Limit	<mark>ed Liability Compa</mark> (A Florida Limited I	ny as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on November	10, 2016	and assigned
Florida document number L16000207135	·			
his amendment is submitted to amend the follo	owing:			
a. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation		reviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)				<b>周</b> 刊
			ASS	(-3
			% <del>71</del> 0	, m
			FLC	D 2:
Enter new mailing address, if applicable:			LORID	<u></u>
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<b>&gt;</b>	-
3. If amending the registered agent and/ registered agent and/or the new registered of	or registered of fice address here	ffice address on our r <u>e</u> :	records, enter t	he name of the
Name of New Registered Agent:	Romy B. Jurado	0		
New Registered Office Address:	12955 Biscayne	Boulevard, Suite 328		
		Enter Florida stree	t address	<del>-</del>
	North Miami		, Florida	1
		City	<del></del> /	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

Page 1 of 3

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** □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add GE. LI Change □ Add ☐ Remove ~ ☐ Change

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Page 3 of 3

Filing Fee: \$25.00