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COVER LETTER

SUBJECT:	3T-TAS	DIQ / LC ted Liability Company	
		, c.,,,,,,,,,	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	FAhm	ida HALEN Name of Person	
	_		
	37-7	ASDIQ Firm/Company	
	6/01 5	MA Caill Address	Ave
	TAMMA FL	33611 City/State and Zip Code Ahamed & Gwa	fication)
For further information of	concerning this matter, please ca	11:	,
323-545- Name o	6006 FAhmida	HAPAT (333) 515 Area Code Daytim	- 6006 e Telephone Number
Englosed is a check for t	he following amount:		
525.00 Filing Fee	☐ \$30.00 Filing Fee & 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

TO:

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

31-745DEQ	2, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 1900015806</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	, /
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:	6101 S Macdill Ave
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33611
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6/01 S MACDIII AVE TAMPE, FL 33611
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	
	OI (Macdill File & rr.
New Registered Office Address:	Enter Florida street address
<i>TA</i>	City Sp 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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMR	Fahmida Halen	10125 Deerch. FF Dr	
		10125 Deerch. FF Dr TAMA, FL 33647	□ Remove
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Filing Fee: \$25.00