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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone /	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only

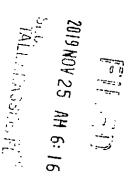


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C KIUZES



# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: K	arayes Souther	zan holdings, l	lc_
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
	<u>Karayes</u>	Southern hold	ings IIC
	1006 Cana	Address	
	New Smy Od. dially 700	City/State and Zip Code  Grandl. Com  to be used for future annual report notifi	
$\cap$	oncerning this matter, please ca	all:	
Name of	Person	at ( <u>904</u> ) <u>365-</u> Area Code Daytima	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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		Straat Addries	

### 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
2415 N. Monroe Street, Suite 810
Tallahassee, FI. 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karayes Souther	n holdings, LLC C B  iy as it now appears on bur records.)  ability Company)
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on bur records.)
The Articles of Organization for this Limited Liability Company of Plorida document number <u>L1760038909</u>	were filed on 1/30/17 and assigned
This amendment is submitted to amend the following:	्रा — <u></u> ∴ <b>ं</b> .
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: <u>Principal office address MUST BE A STREET ADDRESS)</u>	1006 Canal Street 1kw Smyrna Beach FL 32068
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BON</u>	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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

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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le:	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $90$ th day after the record is filed.
ed .	11-25-19 (C. C. a. M. M. M. M. C.
	Signature of a member or authorized representative of a member
	Ormar Diallo