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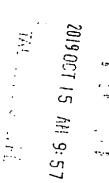
(Requestor's Name)
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tery Shahrabari  Name of Person
Firm/Company
1114 N. Atlantic Brive
City/State and Zip Code  Terry_Shah @ Yahar 1014  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry Shahra/ani at (Sh.) 313-6782  Name of Person Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status    S55.00 Filing Fee Certified Copy (additional copy is enclosed)   S60.00 Filing Fee,

#### MAILING ADDRESS:

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

-N12 INUE	=5//	ENT.	4-20	<u>.                                    </u>		
(Name of the Limited Liahi (A Florid	ility Company as i da Limited Liabilit	t now appears of v Company)	our records.)		_	
The Articles of Organization for this Limited Liability Florida document number	Company were		/18/200	<u></u> and	assigned	ľ
This amendment is submitted to amend the following:						
•						
A. If amending name, enter the new name of the lim	nited liability o	ompany here:				
The new name must be distinguishable and contain the words "Lin	mited Liability Cor	npany," the design	ration "LLC" or the a	bbreviation	"L.L.C."	_
Enter new principal offices address, if applicable:	<del></del> -			,		
(Principal office address MUST BE A STREET ADD	RESS)					
			_ / _		20	
			/		19 (	
Enter new mailing address, if applicable:			/		) T	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	·		<del></del>	Δī	—.
				· ·	777	— <sub></sub>
			<del></del>		ب	<del>_</del> _
B. If amending the registered agent and/or regis	stered office a	ddress on ou	r records enter	the nam		
registered agent and/or the new registered office add	lress here:		recording circu	tue nam	e or me	цен
			,			
Name of New Registered Agent:						
New Registered Office Address:						_
New Registered Office Address.		Enter Florida si	rect address			<del>_</del>
<del>-</del>	Cu	<del>-/</del>	, Flor <del>i</del> da	Zip Cod		_
New Registered Agent's Signature, if changing Registered		<i>:</i>		zap Cini	e	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and cancept the obligations of my position as registered agbeing filed to merely reflect a change in the registere	and agree to a omplete perfor gent as provide ed office addre.	mance of my c ed for in Chan	luties, and Lam j ter 605 ES Or	familiar w if this day	ith and	
company has been notified in writing of this change.		•	/		•	
	If Changing Re	gistered Agent, E	ignature of New Re	gistered Ag	ent	

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lissette Shabrabani	1114NAHlantic Drive Lantara, FL 33462	<b>i</b> ⊠ Add
			D Remove
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TOLE.	ve date, if other than the date of filing:
the rec ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 157, 2019
-	
-	Z 7/ ///
•	Signatury of a mortuber or authorized representative of a member

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Filing Fee: \$25.00