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COVER LETTER

	gistration Se ision of Cor			
SUBJECT:	N	lovrooz Prop Name of I	perties, LLC	
		Name of I	limited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are s	submitted for filing.	
Please return	all correspo	ndence concerning this mat	ter to the following:	
			Name of Person	
		Nov	rooz Properties, 1	LLC
		290	McGuinness Bl.	ıd
			City/State and Zip Code	
		tota E-mail addres	-1 - Const@ychco.c	(iffication)
For further i	nformation co	oncerning this matter, pleas	e call:	
Bo	man Nama	lajmi	at (<u>713</u>) <u>383 -</u> Area Code Daytin	6836
	Name of	"Per s òn	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	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)
	MAILI	NG ADDRESS:	STREET/COUR	HER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Novrooz Properties	s, llc	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on ability Company)	our records.)
The Articles of Organization for this Limited Liability Company via Florida document number <u>LOTODOSTIGOO</u> . This amendment is submitted to amend the following:	were filed on <u>C</u>	05 15 2007 and assigned
A. If amending name, enter the new name of the limited liabil	ity company here:	
		ı 21
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the design	
Enter new principal offices address, if applicable:		T T T
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		PH 2: 45
Enter new mailing address, if applicable:		en Oi
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	treet address
	2000	
	Сиу	, Florida Zιρ Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my c rovided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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
MGR	Pervez Najmi	T705 INDIAN RIDGETRAIL N KISSIMMEE FL 34747	X Add
	· ·	KISSIMMEE FL 34747	□ Remove
			🗅 Change
			Add
			□ Remove
			Change
		ALLONG Al	Add Themove
		ASSEE.	Hemove T
		五 万 次 2073	_Gehang
		2 500	
			Remove
			□ Change
			🗅 Add
			□ Remove
			_□ Change
			D Add
			_□ Remove
			□ Change

. If am	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	77 282 282	
	2 MAY	77
	TAR ASS	F
	F. C. 78	
	2: 7: 5:	
(If an et Note:	tive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	r of:
Dated	1_5/1/20	
	Vous Najin	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00