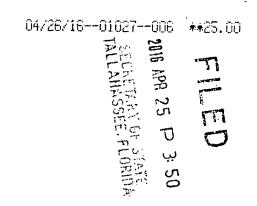
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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# **COVER LETTER**

` Division of Corpo	rations			
SUBJECT:	Isha Complia Name of Lim	ASSOCIATION ited Liability Company	LLC.	
The enclosed Articles of Ar	mendment and fee(s) are sub-	unitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	BAZ	Name of Person		
	Osh	Firm/Company Ass	ocition We.	
	11.30	Sw 77 <sup>th</sup> AV	Ne	
	Mia	City/State and Zip Code	7016 7016	
	E-mail address: (	OS Naca. Co	APR 25	TIND
For further information con	cerning this matter, please ca	all:	SEE T	
Babak O Name of P	regz.	at ( <u>355</u> ) <u>335-</u> Area Code Daytime	and the same of th	
Enclosed is a check for the	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:

**Registration Section** 

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

# TO ARTICLES OF ORGANIZATION OF

Osha Compliance		<del></del>
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>Lo 7000 8112</u>	* • • • • • • • • • • • • • • • • • • •	nd assigned
, , ,	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/#	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/ A	
B. If amending the registered agent and/or registered		ine of the new
registered agent and/or the new registered office address he	ANA SANA SANA SANA SANA SANA SANA SANA	APR 2
Name of New Registered Agent:		5
New Registered Office Address:	Enter Florida street address	<u>5</u> 5
	, Florida	
	•	Code
New Registered Agent's Signature, if changing Registered Agen	<u>.t:</u>	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	Rosalin Ayder A	Michanico 1/300 SW 77 AVE	<u>:</u> _
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in ef ote: ocun	ive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.  APRIL 1976  OY/19/16  2016
ited	04/14/16 2016
	Signature of a member or authorized representative of a member
	Signature a member or authorized representative of a member

E.

Page 3 of 3

Filing Fee: \$25.00