C10000043209

| - (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
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Office Use Only



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T. CLINE

APR 28 2010

EXAMINE

2010 APR 27 AM 11: 09
SECRETARY OF STATE
TAIL YAHASSEE, FLORIDA

COVER LETTER

| TO: | Registration So Division of Co | | | |
|-------------------------|-----------------------------------|--|---|----------------------------|
| SUBJ | ECT: | Ne | w Razi LLC | |
| | | Name of Lim | ited Liability Company | |
| The er | nclosed Articles of | Amendment and fee(s) are su | bmitted for filing. | |
| Please | return all correspo | ondence concerning this matte | r to the following: | |
| Ben Noveen | | | | |
| Name of | | | Name of Person | |
| | | | New Razi LLC | |
| Firm/Company | | | Firm/Company | |
| Р | | PO Box 50364 | | |
| Address | | | | |
| Pompano Beach, FL 33074 | | | | |
| | City/State and Zip Code | | | |
| | | r | noveen@comcast.net | |
| For fo | rther information a | E-mail address: | to be used for future annual report notific | cation) |
| roi iu | tmer miormation c | concenting this matter, please | can. | |
| <u> </u> | | en Noveen | | 785 3322 |
| | Name o | of Person | Area Code & Daytime | Telephone Number |
| | | | | 2010 APR 2 SECRETAR |
| Enclos | sed is a check for the | he following amount: | | HAS R 2 |
| \$2. | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & |
| ٠ | Registr Divisio P.O. Bo | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | n utions uter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | New Razi L <u>LC</u> | | <u> </u> |
|--|--|------------------------------|-------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appear Limited Liability Company) | rs on our records. | |
| (1110) | . Diminus Blacking Company) | | |
| The Articles of Organization for this Limited Liability | Company were filed on | 04.21.2010 | and assigned |
| Florida document number L10000043209 | | | |
| | | | |
| This amendment is submitted to amend the following: | • | | |
| A. If amending name, enter the new name of the lin | mited liability company her | re: | |
| | | | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Compa | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADL | DRESS) | - E | 20 0 |
| | | | |
| | | HA | Ti Di sani |
| Enter new mailing address, if applicable: | _ | 388 | 7 |
| (Mailing address MAY BE A POST OFFICE BOX) | | יי - | 9 = |
| | | r | <i>O</i> |
| | | | 5F 99 |
| B. If amending the registered agent and/or regis | istered office address on | our records, <u>enter ti</u> | ne name of the nev |
| registered agent and/or the new registered office ad | <u>ldress here</u> : | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Er | nter Florida street addi | ess |
| <u></u> | | , Florida | |
| | City | | Zip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name | <u>Address</u> **Type of Action MGRM** Fatemeh Khalilpour 10201 Grosvenor Place. ☐ Add North Bethesda, MD 20852 ∇ Remove MGRM Bijan Eghtedari 3370 Hidden Bay Drive, # 403 ✓ Add Aventura FL 33180 Remove □ Add ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 043 2010 Dated Signature of a member or authorized representative of a member Ben Noveen Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00