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SECRETARY OF STATE



COVER LETTER

TO:		tration Sec on of Corp		,	,
		DABIRI DE	SIGNS, LLC		
SUBJE	ст: _		Name of Lim	ited Liability Company	
The enc	losed /	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please re	cturn a	ll correspor	dence concerning this matter	to the following:	
			AMIR DABIRI		
				Name of Person	
			DABIRI DESIGNS, LLC		
				Firm/Company	-
			845 180TH AVE. E.		
				Address	·
			REDINGTON SHORES, I	FL 33708	
				City/State and Zip Code	
			AMIR@DABIRIDESIGNS		
For furtl	her info	ormation co	E-mail address: (neeming this matter, please co	to be used for future annual report notificall:	cution)
AMIR I	DABIF	RI .		813 493-5932	
		Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a c	heck for the	e following amount:		
■ \$ 25	.00 Fil	ing Fee	S30.00 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)
		ng Address stration S		Street Address: Registration Sect	ion
	_		prporations	Division of Corp	
		Box 6327		The Centre of Ta	
	т ана	hassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DABIRI DESIGNS, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/26/2010	and assigned
Florida document number L10000112019	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" o	or the abbreviation "I"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
		Side
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
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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
MGR	FOSTER, LISA	845 180TH AVE. E.	□Add
		REDINGTON SHORES, FL 33708	■Remove
			□ Change
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			Remove
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ffective date, if other than the date of filing:(optional)					
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