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COVER LETTER

	Registration Se Division of Cor				
	5033 WES	T 192 LLC		•	
SUBJEC	l: <u> </u>	Name of Lim	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please reti	urn all correspo	endence concerning this matter	to the following:		
		NABEEL ANSARI			
			Name of Person	 	
		5033 WEST 192 LLC			
			Firm/Company	5-1	2022 DEC
		P.O. BOX 6547			
			Address		. 2
		ORLANDO FL 32802			: ==
			City/State and Zip Code	• • • • • • • • • • • • • • • • • • • •	5 1 − 2 1 − 2
		NABEELANSARI@ME.C	OM to be used for future annual report not		ni o v
For furthe	r information c	oncerning this matter, please c			
NABEEL	. ANSARI		407 222-6194		
•	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
≡ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy
	Tailing Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Co	rporations		
	P.O. Box 632 Fallahassee, l		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5033 WEST 192 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/12/2015 and assigned Florida document number L11000067050 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 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.

City

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SOPHIA ANSARI	P.O. BOX 6547 ORLANDO FL 32802	■Add
			□Remove
			□Change
			□Add
			Remove 1
			□Change
			EAdd / EAdd
			□Remove
			□Change
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fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior to date of filing or	(o more than 90 days	ptional) after filing.) Pur	suant to	605.020°
ote: If the date inserted in this block does not meet the applicable statutory fill ocument's effective date on the Department of State's records.	ing requirements	this date will	not be l	isted as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	on the earlier o	f: (b) The 901	th day a	fter the
ated	1			
Tol isd				
Signature of a member or authorized representati	e of a member			