L11000067050

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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUD INAV	5033 WES	T 192 LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		NABEEL ANSARI		
			Name of Person	_
		5033 WEST 192 LLC		
			Firm/Company	
		P.O. BOX 6547		
	····			
P.O. BOX 6547 Address ORLANDO FL 32802-6547 City/State and Zip Code NABEELANSARI@ME.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NABEEL ANSARI 407 222-6194				
			City/State and Zip Code	
		_		
For further is	aformation c			mication
		oncerning this matter, prease co		
NABEEL A			at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 E	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address: Registration Se	ection
Div	vision of C	Corporations	Division of Co	rporations
P.C	D. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe 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 ______06/08/2011 ___ 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

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 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
AMBR	SOPHIA ANSARI	P.O. BOX 6547 ORLANDO FL 32802-6547	_\ _\ \Add
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