

L12000089334

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2013 OCT 28 PM 5:02
FALL ARIZONA
FALL ARIZONA

B. BOSTICK
OCT 29 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Armin Homes LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tahereh Khodam
Name of Person

Armin Homes LLC.
Firm/Company

1255 N.E 4 AVE
Address

Boca Raton, FL, 33432
City/State and Zip Code

dastjerdi@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

561-317-5033

Tahereh Khodam
Name of Person

at (561) 317-5033
Area Code & Daytime Telephone Number

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
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

2013 OCT 28 PM 5:02
TALLAHASSEE, FL 32301

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

Armin Homes 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 10-18-2013 and assigned
Florida document number L1200089334

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Armin Homes LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1255 N.E. 4 AVE

Boca Raton, FL 33432

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:

Tahereh Khodam

New Registered Office Address:

1255 N.E. 4 AVE,

Enter Florida street address

Boca Raton,
City

Florida 33432
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.

Tahereh Khodam
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mohamadalizadeh AKlam	1255 N.E 4 AVE	<input type="checkbox"/> Add
		Boca Raton, FL, 33432	<input checked="" type="checkbox"/> Remove
MGRM	Tahereh Khodam	1255 N.E 4 AVE	<input checked="" type="checkbox"/> Add
		Boca Raton, FL, 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

10-18-2013

Ahmad K. Dastjerdi

Signature of a member or authorized representative of a member

Ahmad K. Dastjerdi

Typed or printed name of signee

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Filing Fee: \$25.00

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