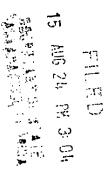
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(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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3:00

Amend -

COVER LETTER

то	Registration Sec Division of Corp			
Ç11	ALIF KRON	ME, LLC		
30	bjeci.		ted Liability Company	
		Amendment and fee(s) are sub-	_	•
Ple	ase return all correspon	dence concerning this matter	to the following:	
		JOHN P. MAAS, ESQ.		
			Name of Person	
		JOHN P. MAAS, ATORN	EY AT LAW	
		3-1	Firm/Company	A A Mary a security state
		44 NE 16 STREET		
		•	Address	
		HOMESTEAD, FLORIDA	33030	
		 	City/State and Zip Code	····
		E-mail address: (o be used for future annual report notifi	cation)
For	further information co	ncerning this matter, please ca	ıll:	
CA	ANDY BROWNLOW		305 247-7132	
	Name of	Person	Area Code Daytime	Telephone Number
Enc	closed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		OME, LLC any as it now appears on our records.) Liability Company)
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited L	iability Company	
Florida document number L12000115054	······································	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liab	pility company here:
N/A		
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
B. If amending the registered agent and registered agent and/or the new registered o	-	office address on our records, enter the name of the new re:
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
		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.

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	KAMAL PATWARY	28102 SW 164 Place	■ Add
		Homestead, FL 33033	
			□ Change
			□ Add
			Remove
			☐ Change
<u></u>		D Add	
			□ Remove
			□ Change
			Remove
			☐ Change
		□ Remove	
			☐ Change
			Add
			□ Remove
			□ Change

	KAZI MORSHED ALAM, (AMBR), 33.33%, 12364 S.W. 216 Street, Miami, FL 33170
-	AFIFA ISLAM, (AMBR), 33.33%, 12364 S.W. 216 Street, Miami, FL 33170
_	KAMAL PATWARY, (MGR), 33.33%, 28102 S.W. 164 Place, Homestead, FL 33033
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fect	ve date, if other than the date of filing: (optional)
n eft <u>)te:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited	Haute of a member of a member of a member

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee