L12000136315

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COVER LETTER

TO:	Registration Sec Division of Corp			•
,, " SHR I	MALJUT L			
3013	ECT		ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Susan Chemen		
			Name of Person	
		Susie Chemen Consultng I	LLC	
			Firm/Company	
		20225 NE 34th. Ct. # 2316	;	
			Address	and the second of the second o
		Aventura FL 33180		
			City/State and Zip Code	
		suchemen@hotmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
Susan	Chemen		305 469-6873	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	e following amount:		
s \$2	25.00 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)

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

MALJUT LLC			
(<u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears on o rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability florida document number L12000136315	Company were filed on 10/25/20	012	and assigned
his amendment is submitted to amend the following:	·•		
a. If amending name, <u>enter the new name of the li</u>	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	ution "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			2
	Enter Florida str	reet address	978
AR / STATEMENT	City	~₹	> Zin Code 1 1

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	BARSON INTERNATIONAL Ltd.	18201 Collins ave Apt 3607	■ Add
		Sunny Isles Fl 33160	□ Remove
			Change
AMBR	BARSON INTERNATIONAL Ltd.	18201 Collins ave Apt 3607	⊒ Add
		Sunny Isles Fl 33160	☐ Remove
			☐ Change
AMBR	THREE FLOWERS GROUP LLC	18201 Collins ave Apt 3607	Add
		Sunny Isles FI 33160	Remove
		Name of the state	☐ Change
american substitution	**************************************	Section and the second of the	□ Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the a ument's effective date on the Department of State's rec	pplicable st	of tiling or r atutory filin	nore than 90 ng requiren	(option days after finents, this o	iling.) I	Pursuan ill not	t to 605,02 be listed
record specifies a delayed effective date, bu he 90th day after the record is filed.	t not an i	effective	time, at	12:01 a.	m, o	n the	earlier
ed December 17th.	-						
10/0/1							
a. Shilp			*******				
Signature of a member or	authorized r	representativ	e of a memb	per			