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COVER LETTER

TO:	Registration Section Division of Corporation	ns ·		# ₹	** _* *	
subject:Norouzi E			Enterprise LLC.			
50501			ted Liability Company			
The en	closed Articles of Amendn	nent and fee(s) are sub	omitted for filing.			
Please	return all correspondence o	concerning this matter	to the following:			
			David Norouzi			
			Name of Person			
Nore			orouzi Enterprise LL	C.		
			Firm/Company			
106 (6 N. Weathersfield A	√ve		
			Address			
		Altam	nonte Springs, FL, 3	2714		
	City/State and Zip Code					
		ha F. mail address: (1	anifjean@yahoo.com to be used for future annual re	n		
For fur	ther information concerning			port normeation	,	
	David No	orouzi	at (407)	389	90686	
	Name of Person		at (407) Area Code	& Daytime Tele	ephone Number	_
Enclos	ed is a check for the follow	ving amount:				
√ \$25		0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	•	\$60.00 Filing Certificate o Certified Co (additional c	f Status &

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

Norouz	<u>zi Enterprise LLC.</u>					
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now apper Limited Liability Company)	ars on our records.				
	· · ·					
The Articles of Organization for this Limited Liability C	Company were filed on	April 23, 2013	and assigned			
Florida document number L130000 B98 🗆	<u>_</u> .					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability company he	ere:				
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>	w-	<u> </u>			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the	ne name of the new			
Name of New Registered Agent:	·					
New Registered Office Address:						
	Enter Florida street address					
	, Florida					
	City	,	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.

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> Name Type of Action Address Tila sardari 400 Maiorca Ave ☐ Add Altamonte Springs Remove FL. 32714 Remove Remove ☐ Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member David Norouzi Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00