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(Re	equestor's Name)			
(Ac	ldress)			
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K.SALY EXAMINER APR 12

COVER LETTER

TO: Registration Second			
^		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Arfakhsad A. I. Curry In Hum 50 Columbia Tampa, FL 33	Name of Person 1. LLC Firm/Company Drive Address 3606 City/State and Zip Code obe used for future annual report notific	
Ear formbar in Commention and			cation)
ror turiner information co	oncerning this matter, please ca	_	
Arfakhsad A Name of	Person	at (83) 957-62 Area Code Daytime	766 Telephone Number
Enclosed is a check for th	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

FILED
2016 APR 11 PH 4:24

Zip Code

iability Company as it now appears on our record The Articles of Organization for this Limited Liability Company were filed on <u>O5/06/20/3</u> Florida document number /_/300000657/2 This amendment is submitted to amend the following: 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 Florida

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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Julio Cesar Salazar	8518 North Highland Ave.	🗹 Add
		Tampa FL 33404	□ Remove
		 	Change
AMBR	Wordy Salazar	8518 North Highland Ave.	🖫 Ádd
		Tompa, FC 33604	Remove
			☐ Change
AMBR	Mustafa Divan	50 Columbia Dr.	🗖 Add
		Tampa, FC 33606	Remove
			Change
			Add
			Remove
			Change T
			Add T
			Remove 2
			☐ Change
			□ Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
f an cf Note:	tive date, if other than the date of filing: 15,206 (optional) frective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	A Cal Wan
	Signature of a member or authorized representative of a member
	ARFAKHSAD DIVAN

Page 3 of 3

Filing Fee: \$25.00