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2023 SEP 12 PH 3: 42

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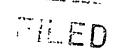
COVER LETTER

TO:	Registration So Division of Con						
SUBJE	SUBJECT: Name of Limited Liability Company						
	•	Name of Little	ted Elability Company				
The end	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Rudy Josep	Name of Person				
		Al- Duto Sal	Firm/Company	es LLC			
		137 Salem	Court Sent	e c			
		Tallahassee	FL 323 a L				
For fur	ther information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report	notification)			
	Rudy	Screp w	at(<u>`}</u> 95)73	3-)655			
	Name	of Person	Area Code Da	ytime Telephone Number			
Enclos	ed is a check for	the following amount:					
19 \$2	5.00 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		Street Addres Registration	Section				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite \$10					

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 SEP 12 PM 3: 42 Al-Aula Sales and Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fiorida Limited Liability Company)

(A Fiorida Limited Liability Company)

(ALLAHASSEF, FI The Articles of Organization for this Limited Liability Company were filed on <u>08/14/13</u> and assigned Florida document number ______ This amendment is submitted to amend the following: A. 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: Enter Florida street address

[Call ahassex Florida 323 all Zip Code Name of New Registered Agent: New Registered Office 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 Jeent, 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

Title	Name	Address	Type of Action
AMBL	Brandon Joseph	137 Salem court suite c.	🗆 Add
			Dr.Remove
			DChange
			🗆 Add
			Remove
			□Change
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	·		□Change
			□Add
			□Remove

z. II unienc	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
-	
E. Effective	date, if other than the date of filing:
(If an effect <u>Note:</u> If	ive 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
record is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u></u>	Signature of a member or authorized representative of a member End Signature of a member of suggestions of sug
	And M. A.C.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00