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SECRETARY OF SIX

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Shani C Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Mulamm	od Stalid Name of Person	
		Firm/Company	
	8701 FX	brit Beach Re Address	
	Parame C	City Seach, F City/State and Zip Code Shahid M SmT. to be used for future annual report noti	2L 32407
	E-mail address: (1	Shahid MSmil. to be used for future annual report noti	Com fication)
For further information co	ncerning this matter, please ca		
Muhammad	Shahia	at (228) 213- Area Code Daytim	-co = 3 e Telephone Number
Name of	Person	Area Code Dayum	e Telephone Number
Enclosed is a check for the	e following amount:		
☑ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee ee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TALLAHASSET OF 14:

	λNO	<u> </u>			AT^{-2}
(Name of the Limi	ted Liability Comp	any as it now appears of Liability Company)	our records.)		
The Articles of Organization for this Limited L. Florida document number 190000	iability Company			1 and assign	ned
This amendment is submitted to amend the foll					
A. If amending name, enter the new name of	f the limited lial	bility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the desig	nation "LLC" or the ab	breviation "L.L.C	<u>;;;</u>
Enter new principal offices address, if applie					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	P.O Taleus	BOX { T, FL	305 34270	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office address	•	address on our reco	ords, <u>enter the nam</u>	e of the new r	egistered
Name of New Registered Agent:	I-land	Arendall	Hastison	Sale	LLC
New Registered Office Address:	304_	Mas nolv Enter Florida	street address		
	Pana	Mc City	, Florida	32401 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 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
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			Remove
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ote:	ve date, if other than the date of filing:
recore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	1-9. 2023. 2 Lu Shol:
	2 Lu Shol
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00