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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Shahid	2 LLC	_
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Muha	MM (Solution)	shalid
		Firm/Company	
	6924 -	Homas DR Address	
	Porama	City Beach, S	-L 3240 8
	E-mail address: (i	to be used for future annual report notif	Com fication)
For further information co	ncerning this matter, please ca	all:	
Rehan Name of	Shahid Person	at (228) 213- Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



5/k	hid	2 LL	_ (
(Name of the Limited	d Liability Compan A Florida Limited L	y as it now appears on lability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number LIGOODIC		were filed on \mathcal{O}	1-05-14	_ and assigned	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo	ble:	ty Company," the design	nation "LLC" or the abbre	eviation "L.L.C."	· -
(Principal office address MUST BE A STREET	ADDRESS)				_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	P.O B Tallevas	50 × 8, T, PL 3	05 4270	
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our reco	rds, <u>enter the name</u>	of the new registe	<u>red</u>
Name of New Registered Agent:	Hard	Avendall	Hagrison	Sale	LLC
New Registered Office Address:	304	Enter Florida	street address		-
	Paman	na 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
, .			□Add
		<u></u>	□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
	<u></u>
Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	d <u>1-9</u> , 2623.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00