Ц40000Д767

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Fiting Officer:	

Office Use Only



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B. BOSTICK
JUL **21 2014**

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Addis Mondu L. L. C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
EVERWAIEM A HAIUF Name of Person Eig 7
Addly Mondy 1.1.c
11 43 W Orange Ave.
Tanahasse, FL, 32310 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fyensalem HIM-at (813) 526-2762 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

Name of the Limited Liability Compa (A Florida Limited)	Inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 121000027767	were filed on $02-18$ 204 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and end with the words "Limited Liab	
Enter new principal offices address, if applicable:	Shifty Company, the designation LLC of the aboreviation L.L.C.
(Principal office address MUST BE A STREET ADDRESS)	50 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Elevido

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

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
			lVqq
			□ Remove
AMBR ZELALEN	ZELALEM GIZ	AN 850 Captal Won Dr. AP+# 9209	M
		Tallunassee F1, 307	
AMBR	NETSANET GEB	RE 850 Corphanina	<u>[U</u> □∧dd
		Dr. APH # 9209	Remove
		Talhassee F1 323	<u>03</u>
	<u></u>		🗆 Add
			Remove 4 JUL 21
			Manager Manage
			Remove

D. If a	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	·			
់ ជាត	fective date, if other than the date of filing: (optional)			
	fective date, if other than the date of filing:			
Da	ited			
	Ewa			
	Signature of a member or authorized representative of a member			
	EVERWALEM HILUF			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

14 JUL 21 PK 12: 58