L14000136738

(Requestor's Name)
(Address)
/A-I-I
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Rusinass Estity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



700330120097

06/03/19--01035--001 **25.00

Y SULKER JUN 2 0 2019

COVER LETTER.

TO:	Registration Section Division of Corporations
SUBJE	cr:AJIS, LLC
	Name of Limited Liability Company
The ene	fosed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	IBRAHIM SAMARA Name of Person
	ATTS, LLC
	Firm/Company
	310 MORGAN WAY
	City/State and Zip Code 16 rahim, Samara & gmail. Com E-mail address: (to be used for future annual report notification)
	16 rahim, Samara & gmail. Com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call;
IBR	AHTM SAMARA at (571) 428-39/28 Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	00 Filing Fee Sol.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & 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

A J I S LLC (Name of the Limited Liability Companies) (A Florida Limited		
(<u>Name of the Limited Liability Com</u> (A Florida f.imited	pany as it now appears on our rod Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan	iv were filed on 69/02	2014 and assigned
Florida document number <u>L14000136738</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
AJIST, LLC The new name must be distinguishable and contain the words "Limited Liab	·	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		74 B
(Principal office address MUST BE A STREET ADDRESS)		
		× 1
		132 W
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Spa 3: D
		3m 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our reco re:	ords, <u>enter the name of the ne</u>
New Registered Office Address:	The Control	
	Enter Florida street ad	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a chapter in the registered office	ee to act in this capacity. I performance of my duties, provided for in Chapter 66	, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove 70 OChange
			And Sign Parket
			Change
			□ Remove
			Change
			□ Add
			C Remove
		·	□ Change

ALLAHAESH TU								
TALL AND						 -		
FALL AHADES								
FALL AHADES								
TALL AND								
SELLIN -3 SELLIN -3 SELLIN -3 SELLIN -3					,,,,,,	·		
			·· ·			···		
			···	<u> </u>			<u> </u>	
		· · · · · · · · · · · · · · · · · · ·				1		
								
				·		<u>. </u>		
							E SE	2016
					- 111		- 全部	<u> </u>
								
							- I	
								; =
if other than the date of filing:	Affective date,	if other than the	date of filing			(a)	Tional)	JUN -3 AM :: 55
is being the data must be except to and annually referred to the state of the state	Sote: If the date locument's effection	e inserted in this bli ctive date on the De	ock does not m epartment of Si	eet the applicab ate's records.	le statutory filin	g requirements, t	this date will r	ot be liste
is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 c inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ctive date on the Department of State's records.	e record spe	by after the reco	effective dord is filed.	ate, but not	an effective t	ime, at 12:0.	l a.m. on th	ne earlie
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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ctive date on the Department of State's records. Cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier or an after the record is filed.				2010	_			
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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ctive date on the Department of State's records. Cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier or an after the record is filed.	Dated	AY 29,	, ·	300(11	JH)			

Page 3 of 3

Filing Fee: \$25.00