1400050497

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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09/25/17--01024--032 **25.00

SEP ? CARTE !S

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

A D I TRUST LLC					
(Name of the Lir	nited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 09/25/2014 Florida document number L 14000150497			and assigned		
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :			
The new name must be distinguishable and contain the	words "Limited Liability Company" th	e decimation "LLC" or the abbailtiation "IN	E.C."		
man oo ammgamano and contain the		o designation LEC of the appleviation Life	j. dayet.		
Enter new principal offices address, if appl	icable:	<u>># E</u>)		
(Principal office address MUST BE A STRE	EET ADDRESS)				
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		13	1 2 1		
			ز . و		
Enter new mailing address, if applicable:			ft ex		
(Mailing address MAY BE A POST OFFICE	E BOX)				
	<u></u>				
	\				
B. If amending the registered agent an	d/or registered office address o	on our records, enter the name o	of the nev		
registered agent and/or the new registered	office address here:	-			
Name of New Registered Agent:	NOUR JAZZAR				
New Registered Office Address:	15221 CEMERERY ROAD				
-	Enter F	lorida street address			
	FORT MYERS	, Florida ³³⁹¹⁶			
	City	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>	Name	Address	Type of Action
MGR	NOUR JAZZAR	15221 CEMETERY RD.	A dd
		FORT MYERS, FL. 33916	□ Remove
			Change
REGISTE	NOUR JAZZAR	15221 CEMETERY RD.	Add
		FORT MYERS, FL. 33916	□ Remove
			Change
MGR	HADI KEYLANI	3617, PALM BEACH BLVD.	
		FORT MYERS, FL. 33916	■ Remove
		.	Change
REGISTE	HADI KEYLANI	3617 PALM BEACH BLVD	□ Add
		FORT MYERS, FL. 33916	■ Remove
			☐ Change
			Add
			Change Change Remove
4			□ Add □ □ Add □ □ □ Remere □ □ Change

D. II ame	ending any other informat							
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Note:	ive date, if other than the fective date is listed, the date must If the date inserted in this bloacht's effective date on the Do	date of filing: _ t be specific and car ock does not meet	t the applicable:	e of filing or more t statutory filing re-	(optional) han 90 days after fili quirements, this da	al) ing.) Pursuant to 6 ate will not be li	05.0207 sted as	(3)(b) the
If the red (b) The	cord specifies a delayed 90th day after the reco	effective date ord is filed.	e, but not an	effective time	e, at 12:01 a.n	n, on the ear	lier of	·:
Dated	SEPTEMBER, 19	2	017				K 2	
						الروح المعني المساع المساع المراجع المساع الموجع المركة	2011 S	ومراحق
<		Signature of a men	nber or authorized	representative of a	member	<u> </u>	SEP 2	Contract.
	HADI KEYLANI						S	
		Ту	ped or printed nar	ne of signee		75 (77)	:0:	1 + 1 2 m 3
						E 19	C/T See T	*****

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