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FFEETIVE DATE



A 2/29

COVER LETTER

TO: Registration Sector Division of Corp			
SUBJECT:		et LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Desmo	nd Rafik Bus Name of Person	sgith_
		Firm/Company	
	267 sa	uth State Roa	d 7
	Margate	City/State and Zip Code	
	_	· •	
	E-mail address: (to	busgith a yake	eation)
For further information con	ncerning this matter, please cal	II:	111
The I T	0. 5 - 44	954 213 -	
Desmond R Name of	Person	at (954) 243 - Area Code Daytime	T Telephone Number
		·	
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fœ	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration 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** BOURDA

ADTI	ICLES OF AMENDMENT
ARII	TO
ARTIC	CLES OF ORGANIZATION
BOURDA	OF ACCOUNTS
	DILLARY PT 110 MARCH PAR
(Name of the Limited	CLES OF AMENDMENT TO CLES OF ORGANIZATION OF MARKET LLC Liability Company as it now appears on our records.)
DRB (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	bility Company were filed on 12/19/2014 and assigned
Florida document number <u>L14000193</u>	<u> 399</u> .
This amendment is submitted to amend the follow	vino:
	ELLECTIVE DATE
A. If amending name, enter the new name of t	he limited liability company here: 3/1/14
The second he distinct the black and second to the	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
-	• • •
Enter new principal offices address, if applicab	
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Enter new maming audress, it applicable: (Mailing address MAY BE A POST OFFICE Bo	
MILLING UNLINESS MAT DE ATOST OFFICE DO	
	r registered office address on our records, enter the name of the new
registered agent and/or the new registered offi-	<u>ce address here</u> :
Name of Name Posistaned Accepts	Desmond Rafik Busgith
Name of New Registered Agent:	DESTROYAL NOTIN BUSGIER
New Registered Office Address:	267 South State Road 7 Enter Florida street address
	Margate , Florida 33068 Ziv 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 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 **Title** Name Address **Type of Action** ANAND VARMA 267 South State Rdf DAD Margate FL 33062 Premove ☐ Change PARVEEN BHATIA 267 South State ROT DAG AMBB Margate F1 33068 PRemove ☐ Change Desmond P. Busgith 267 South State Rd7 pad Margate FL 33068 - Remove Change Chandra S. Busgith 267 South State Rd7 *Add MAR Margade FL 33068 | Remove **Change** □ Add ☐ Remove

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