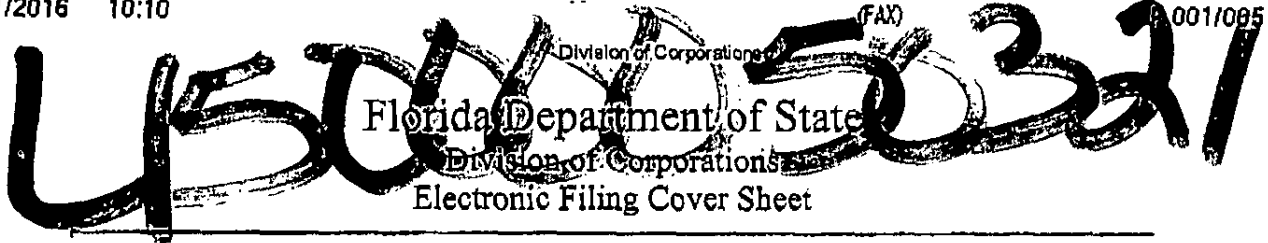


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001/085



Florida Department of State  
Division of Corporations  
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H160001507203ABCV

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Fax Number : (850)617-6383

From:

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Account Number : I20130000014  
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MATSKI HOMES LLC**

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(FAX)

P.002/005

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MATSKI HOMES LLC

\_\_\_\_\_  
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:

Sarah Gulati, Esq.

\_\_\_\_\_  
Name of Person

Gulati Law, P.L.

\_\_\_\_\_  
Firm/Company

479 Montgomery Place

\_\_\_\_\_  
Address

Altamonte Springs, Florida 32714

\_\_\_\_\_  
City/State and Zip Code

emma@gulatlalaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Gulati, Esq.

\_\_\_\_\_  
Name of Person

407

900-5054

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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

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TALLAHASSEE, FLORIDA  
16 JUN 21 PM 2:11

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATSKI HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/20/2015 and assigned  
Florida document number L15000050321.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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

06/21/2016 10:11

(FAX)

P.004/005

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>           | <u>Address</u>  | <u>Type of Action</u>                      |
|--------------|-----------------------|-----------------|--|
| MGR          | MOHAMMED IBRAHIM AJAZ | PO BOX 60316    | <input type="checkbox"/> Add               |
|              |                       | DAMMAM 31545 SA | <input checked="" type="checkbox"/> Remove |
|              |                       |                 | <input type="checkbox"/> Change            |
|              |                       |                 | <input type="checkbox"/> Add               |
|              |                       |                 | <input type="checkbox"/> Remove            |
|              |                       |                 | <input type="checkbox"/> Change            |
|              |                       |                 | <input type="checkbox"/> Add               |
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|              |                       |                 | <input type="checkbox"/> Change            |
|              |                       |                 | <input type="checkbox"/> Add               |
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|              |                       |                 | <input type="checkbox"/> Change            |
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|              |                       |                 | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

19 JUN 21 PM 2:11

SECRET  
NOFORN

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JUNE 17 2016

~~Signature of a member or authorized representative of a member~~

MOHAMMED A ANSARY

Typed or printed name of signee