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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	· · · · · ·
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER *

TO: Registration Se Division of Cor			
BELLA DO			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RAKESH MAHARAJ		
		Name of Person	
		Firm/Company	
	44 SE 14TH STREET, #40	08	
	474	Address	~
	BOCA RATON, FL. 3343	2	
		City/State and Zip Code	
	F. mail address:	Such marich are	ison@gmail.com
For further information co	oncerning this matter, please c		Cattony
RAKESH MAHARAJ		561 3501920 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) Liability Company)
were filed on 3/24/2015 and assigned
ility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
44 SE 14TH STREET, #408
BOCA RATON, FL. 33432
44 SE 14TH STREET, #408
BOCA RATON, FL. 33432
ffice address on our records, enter the name of the re:
Enter Florida street address
, Florida
City Zip Code

If Changing Registered Agent, Signature of New 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. OF 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	RAKESH MAHARAJ	44 SE 14TH STREET, #408,	Add
		BOCA RATON, FL. 33432	Remove
			Change
A/P	SUSHMA RICHARDSON	44 SE 14TH STREET, #408	□ Add
		BOCA RATON, FL. 33432	□ Remove
			Change
			□ Remove
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			Add
			Remove
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	Market and the second s		□ Change
			Remove 3
			Change

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Filing Fee: \$25.00