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## COVER LETTER 2

Registration Section Division of Corporations

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: WANA	ce Eslamifar	Reale State	e Company	
	Traine of Elin.	and Elacinity Company	,	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Parham	ES lami	ifar	
	Wallace	ESlami Jer Firm/Company	Realestate Co	
	10565 Su	U 129 C+ Address		
··	Miami Parham E-mail address: (1	City/State and Zip Code to be used for future annual r	mail. com	
For further information co	oncerning this matter, please ca	all:		
Parham Name of	Person	at ( <u>305</u> )	201-117-7 Daytime Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is euclo	Certificate of Status &	
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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Wallace</u> Eslami	far Real Estate Compony Ll
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L150000 73583</u> .	were filed on 04 27 15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile the new name must be distinguishable and contain the words "Limited Liabile the new name must be distinguishable and contain the words "Limited Liabile the new name must be distinguishable and contain the words "Limited Liabile the new name of the limited liabile the new name new name of the limited liabile the new name new name of the limited liabile the new name new n	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	161 Aragon Ave Coral Gables Fl 33134
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·F	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or if this document is

If Changing Registered Agent, Signature of New Registered Agent

u.\*"

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 **Type of Action** Address □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove Ren Ÿ Change

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Filing Fee: \$25.00