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COVER LETTER

	ation Section n of Corporations
	ALLION INVESTMENTS LLC
SUBJECT:	Name of Limited Liability Company
	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	HASNAIN FAZEL
	Name of Person
	STALLION INVESTMENTS LLC
	Firm/Company
	616 CHATAS CT.
	Address
	LAKE MARY, FL 32746
	City/State and Zip Code
	CHHAVI@KERMALICPA.COM E-mail address: (to be used for future annual report notification)
For further infort	nation concerning this matter, please call:
HASNAIN FAZ	el <u>at (467) 733 7418</u>
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Compan		and assigned
Florida document number L15000076857		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company." the designation "LLC" or	r the abbreviation "L.L.C."
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)		
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter the	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	Circ	Zin 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.

H-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
AMBR	HASNAIN FAZEL	616 CHATAS CT. LAKE MARY, FL 32746	
			□Remove
			□Change
AMBR	MAHDIYA FAZEL	616 CHATAS CT. LAKE MARY, FL 32746	□ Add
			■Remove
			□Change
			□ Add
			□Remove
			Change
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Sective date, if other than the date on effective date is listed, the date must be spete: If the date inserted in this block document's effective date on the Departm	es not meet the applicab	date of filing or more le statutory filing re	(optional) than 90 days after filing.) equirements, this date	Pursuant to 605.0207 will not be listed as
ecord specifies a delayed effective date, is filed.	but not an effective tim	e, at 12:01 a.m. on	the earlier of: (b) The	: 90th day after the
ted	2024	. •		
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	ure of a member or authori			