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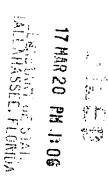
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sect Division of Corpo		•	
SUBJECT:	SADO TILE I	, C	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Khysniddin	1619 gimov Name of Person	
		Name of Person	
	SHOO TI	LE 1/c	
		Firm/Company	
	114 Linda 1	Yarie Ln.	
	Panama Ci	City/State and Zip Code	2407
	1 . 4 1 15	City/State and Zip Code	
	E-mail address: (t	2004 @ List. ru to be used for future annual report notif	ication)
For further information con	cerning this matter, please ca		
Khusmiddin	1 bragimov	at (850) 867-6 Area Code Daytime	6863
Name of P	erson	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i.c	
pany as it now appears on our i Liability Company)	records.)
y were filed on	9/2015 and assigned
bility company here:	
bility Company," the designation	"LLC" or the abbreviation "L.L.C."
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N/A	17 HAR 22
office address on our re	1:0
1/4	
Enter Florida street	nddroes
Zinzi I wind Sife Cut	
Citv	, Florida Zip Code
	bility Company here: bility Company," the designation N/A office address on our recre:

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.

N/A

If Changing Registered Agent, <u>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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jakhongia Yokbekov	114 Linda Marie Ln. Panama City Beach, FL 32407	Add
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ective date, if other to effective date is listed, the	date must be spe	cific and	cannot be p	rior to date o	f filing or m	ore than 90 c	lays after f	iling.) Pu	irsuant t	o 605.0
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee