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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Thir Name of Lim	d Eye Investmentited Liability Company	ts LLC
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>L</u>	Yad Yazgi Name of Person	
		Firm/Company	
		Binini Rd. Address	
	70	City/State and Zip Chde	216
		to be used for future annual report notif	
For further information	concerning this matter, please ea	all:	
Name (of Person	at (<u>964)</u> <u>730 - 9</u> Atea Code Daytime	264 Telephone Number
Enclosed is a check for t	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

FILED

Third by Ind	ectments;	/-/2019 CMAR 18 P = 36
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears or ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on	INCLUMANTE SEE, FLORIDA and assigned
Florida document number		
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 L	liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ir records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	 	
	Enter Florida	street address
	(***	, Florida
Naw Bagistarad Avant's Signature if shanging Dagistarad Ag	City	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

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>Name</u> <u>Title</u> <u>Address</u> Type of Action Estephen Yazgi 1109 Molokai Rd. Dado Jacksonville, Fr 32216 Bremove Monix Yazgi Juckjonville FL32216 ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

ı ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an cfl lote:	ive date, if other than the date of filing: 3/15/19 (optional) Sective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
The	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	March 15 . 2019. X Gradule of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	E Yad \\ \(\frac{1}{2} \) Typed or printed name of signee

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Filing Fee: \$25.00