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2011 JAN 17 PM 2: 38
SECRETARY OF STATE

K. SALY JAN 1 9 2017

### **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJEC	er: <u>ivh</u>	andii LLC		
	1	Name of Limi	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
	-	Lakiya	Name of Person  LLC  Firm/Company	
		iy Kand	Firm/Company	
			136 AV #404 Address	
		SunRise	FL 33323	
		Zakıyaa Q E-mdil address: (i	City/State and Zip Code  ONNSON Q yahoo.  o be used for future annual report notifica	com tion)
For furth	er information co	ncerning this matter, please ca	d1:	
	Kaki ya Name of	Person	at ( <u>954</u> ) <u>(661 – 75</u> Area Code Daytime To	825 elephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	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

2017 JAN 17 PM 2:38

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Florida document number \( \L\_1600049127 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 Liability Company," the designation "LLC" or 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Khadijah Imavi Chapp	odl 4480 Providence	Point way
		Lithwil GA 30058	_ □ Remove
		·	Change
MGRM	Zakiyaa Johnsox	- Zahiyaa Qonusov	_ € Add
		1941 NW 136 MAY #400	☐ Remove
		Sunuse Fl 33323	Change
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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an effection	re date, if other than the date of filing:
e reco The 9	ord 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.
Dated _	1/9/1/7
Jaieu _	
aleu _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00