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Office Use Only



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S. WARREN JUL 18 2017

## **COVER LETTER**

Division of Cor			
SUBJECT:	786 SS LL	C	
30B3EC1.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		risha Bernstein	
	Bemster	n lax Group Firm/Company	<del></del>
	3450 No	HUCUS BIVO, =	4 202
	trisha (	City/State and Zip Code  bernstein tax. (o) to be used for future annual report notified.	M
For further information c	e-mair address: (i oncerning this matter, please ca	·	ication)
Insha:	<b>+</b>	at (561) 62 Area Code Daytime	7 - 1489 Telephone Number
Enclosed is a check for the	<del>-</del>		
S25.00 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

186 5			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
he Articles of Organization for this Limited Liability (lorida document number	Company were filed on	9/12/2016	_ and assigned
forida document number	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	ere:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
	-		
Enter new mailing address, if applicable:	-		
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis	stered affice address on	our records enter th	e name of the n
registered agent and/or the new registered office add		our records, enter in	te name of the n
Name of New Registered Agent:		<del>-</del>	
New Registered Office Address:			
	Enter Flor	rida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a peing filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of igent as provided for in C ed office address, I hereb	my duties, and I am far Chapter 605, F.S. Or-if	niliar with and this <u>do</u> cument is
	If Changing Registered As	ent Signature of New Regis	ternal mant

Page 1 of 3

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
AMBL	Ashfag, Shaila	11033 Leggicy Blvd #203	
	V	11033 Leggicy Blvd #203 PBG Fl. 33410	<b>⊠</b> Remove
			🗆 Change
<u>AMBR</u>	786 Wali Inc	11033 Logacy Bivd # 203	Add
		Palm Beach Guiclens, Fl. 33410	☐ Remove
		<del></del>	Change
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ffective	date, if other that	n the date of filing	ig:	ate of filing or more than	(optiona	l) ig.) Pursuant to (	505.0207
lote: If the	he date inserted in the seffective date on the	his block does not i	meet the applicable	statutory filing requi	rements, this da	te will not be l	isted as
		·					
	d specifies a del oth day after the			n effective time, a	at 12:01 a.m	. on the ea	rlier of
ated	Jaly 10		1 2017 1 A.h	L.Q		17.3	
		- Signature of a	member of authorize	d representative of a me	mber		-77
						Sign -1	1
		Sk	ially Ash-fai	G		्रामेट 🖜	[ ]
		Sł	Nalla Ash-Ga Typed or printed na	(ne of signee		PM 4: 32 STATE FLORIDA	FILED

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Filing Fee: \$25.00