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COVER LETTER

TO:	Registration Section of Corp.	ion orations	n	
SUBJE	CT:	E.S.C. LI.		
•		·	nited Liability Company	
The encl	osed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	`
Please re	turn all correspond	ence concerning this matter	to the following:	
		Errosh	ell Campbell Name of Person	
			Firm/Company	
		P.O. Bo	× 100768	
		Fort La	Lider Cale Fl City/State and Zip Code/	33310
	_	E-mail address! (to	o be used for future annual report notif	O.Com
For furthe	r information conce	erning this matter, please cal	ll:	fication)
Er	reshe.\ Name of Per	(umphell	at (954) 5.95 Area Code Daytime	-0138 Telephone Number
Enclosed i	s a check for the fo	louis		
		\$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**

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	F.S.C.LLC			
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailting 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 Florida Florida Florida Florida Florida	(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailting 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 Florida Florida Florida Florida Florida	The Articles of Organization for this Limited Liability Company	were filed on © 9 - 15 - 16	eee bas	ioned
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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: Corp.	Enter new mailing address, if applicable:		,	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Tip Code Tip Code	Mailing address MAY BE A POST OFFICE BOX			
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City Florida Zip Code Com	New Registered Office Address:			
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	New Registered Agent's Signature, if changing Registered Agent:	~ .,,	∠ф Со <mark>ф</mark>	SKC E

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>Title</u>	<u>Name</u>	Address	Type of Action
<u>V.P.</u>	Thamer Almasi	116 S.E. 4th St. Apt #4	D Add
		116 S.E. 4th St. Apt #44 Hallandale Beady FL 33	507 □ Remove
			Change
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effective date is li e: If the date in	other than the date of fili isted, the date must be specific a iserted in this block does no re date on the Department of	and cannot be prior to date of file to meet the applicable statuto	ing or more than 90 da ry filing requiremen	(optional) lys after filing.) P nts, this date w	fursuant to 605.0
ecord specifi ne 90th day a	ies a delayed effective after the record is filed	e date, but not an effec d.	tive time, at 12	2:01 a.m. or	n the earlie
a Aug	iust 16 En	, 2018	, ,/	a	
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-	Signature of	a member or authorized repres	entative of a member		

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Filing Fee: \$25.00