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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: AUTO	TAGS OF F	Lovida Service ability Company	ceslic
The enclosed Articles of Amer	ndment and fee(s) are submitted	for filing.	
Please return all corresponden	ce concerning this matter to the	following:	
	Mina	SoliMan Name of Person	
_		Firm/Company	
-	22244 B	oca Rancho DF	Z # D
	Boca Ra	to N FL 334	<u>28</u>
	Mina - G	-009 @ Yahoo - (Com_
For further information concer	ning this matter, please call:		
Mina C Name of Pers	<u>soliman</u>	at (954) 394 - Oaytime Tele	Phone Number
Enclosed is a check for the fol	lowing amount:		
X \$25.00 Filing Fee □	S30.00 Fining Fee & US Certificate of Status	\$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Same of the Limited Liability Com (A Florida Limite	Orida Serv pany as it now appears on ou ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1600 o 17 8 9 89</u> .	ny were filed on	12612016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2015
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 E
		<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida stre	ei address
		Florida
	Ciņ _'	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 Address **Type of Action** Title <u>Name</u> Mina Solihan MGR 22244 BOCA Rancho DR #D HADD BOCA ROTON FI 33423 - Remove _____

Change 22244 BOCA RarchoR#D DAdd MGR Nevan Fam BOCA ROTON FI 3342 & Remove _____ Change _____ 🗀 Add ☐ Change _____ □Change _____ □Change

Page 2 of 3

	None
(If an effecti Note: If t	date, if other than the date of filing: ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	X Western Signature of a member or authorized representative of a member
	Nevan Fam Typed or printed name of signer