## 116000198581

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
, PICK-UF	P WAIT MAIL
<del></del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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SECRETARY OF STATE

K. SALY DEC - 6 2017

## **COVER LETTER**

Division of Corpora			
SUBJECT: AL	IF MIAMI Name of Limite	CARPENS LLC ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	DAVID.	R FARBSTEIN Name of Person	
•		Name of Person	<del></del>
	DAVID 1	2 FARBSTEIN Firm/Company	PA
•			
	8551 W	1. Survive Blud	Ste 1034
-	PLANTA	7701 FZ 33	2322
	Lavide	City/State and Zip Code  Lavi ) Labstein pa  o be used for future annual report Hotifica	C-A
_	E-mail address: (to	o be used for future annual report flotifica	ition)
For further information conc			
DAVID & F Name of Pe	PL6STEIN rson	at (954) ST6 Area Code Daytime T	O Y Y / elephone Number
Enclosed is a check for the f	ollowing amount		
. ,		Dess on tillian too b	☐ \$60.00 Filing Fee,
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 DEC.	ILED
TALLAHASS	S PM 6: 59  Y OF STATE FE. FLORIDA

ALIF MIA (Name of the Limited Liability C	MI GARDENS, LLC Company as it now appears on our records.) mited Liability Company)	CRETARY OF STATE AHASSEE, FLORIDA
(A Florida Lir	mited Liability Company)	CIFLORIOA
The Articles of Organization for this Limited Liability Com		
Florida document number <u>L16000198587</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 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 ADDRES	SS)	
		<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or register	red office address on our records, e	nter the name of the new
registered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip 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: FILED MGR = Manager 2017 DEC =5 PM 6: 59 AMBR = Authorized Member **Type of Action Address** Title Name SECRETARY OF STATE TALLAHASSEE. FLORIDA □ Add MGR AFIFA ISLAM XX Remove □ Change MGR SAJJAD ISLAM \_□ Add XIX Remove ☐ Change □ Add ☐ Remove \_□ Change ☐ Add \_□ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add ☐ Remove \_\_\_\_ Change

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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	cord 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	5.M. Hamal Hossain Signature of a member or authorized representative of a member
	S.M. Harrial H.S. Sain

Page 3 of 3

Filing Fee: \$25.00