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## **COVER LETTER**

	Registrat Division							
CHIRADO	Unite	ed Charity	LLC					
SUBJEC	:		Name of Lin	nited Liability Company	_			
The enclo	osed Artic	cles of An	nendment and fee(s) are sub	omitted for filing.				
Please re	turn all co	orrespond	ence concerning this matter	to the following:				
			Anil Moonasar					
				Name of Person				
			United Charity LLC					. 4
				Firm/Company	<u>-</u> -			مهر مورز ا
			101 Rodale St				<u></u>	: , ;
				Address		· · ·	ン	
			Davenport, Fl 33837				ر ک ن <sup>ت</sup>	
			anil.moonasar@gmail.com	City/State and Zip Code		,		
For furth	se informa	ntion oon	E-mail address: ( eerning this matter, please c	to be used for future annual re	eport notification	n)		
		ation con	terning this matter, please c					
Anil Moc				407 495- at ()	-0000			
	1	Name of Pe	erson	Area Code	Daytime Telep	hone Number		
Enclosed	is a checl	k for the f	ollowing amount:					
<b>■</b> \$25.0	0 Filing I	Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enck		Certified Co	of Status &	

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

United Charity LLC			
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited l	ny as it now appears on our re Liability Company)	ecords.)
he Articles of Organization for this Limited Liab	oility Company	were filed on 11/16/2016	and assigned
lorida document number L16000210184			
nis amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of t	he limited liab	ility company here:	
e new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	
nter new principal offices address, if applicab	ole:		- p - 1 - 2
(Principal office address MUST BE A STREET ADDRESS)			3
			・
nter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u>ဟ</u>
. If amending the registered agent and/or egistered agent and/or the new registered office	•		ords, enter the name of the
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
		Enter Florida street a	ddress
			, Florida
		City	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 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
MGR	Sherol Moonasar		
		101 Rodale St,	
		Davenport, Fl 33837	■ Remove
			Change
			Add
			Remove
			□ Change
			<del></del>
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			جباً جبال المساورة
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be pr	prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the appurent's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed
	· <del></del> -
he 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier
, o sean day and and record to the di	
October 16 2018	
ed	
	•
Signature of a member or a	uthorized representative of a member