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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brotman	Musbaum Ibrahim, PLUC ame of Limited Liability Company
The enclosed Articles of Amendment and fee	(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Duni	a Dorchim Name of Person
Brot	man Nushaum Ibramim Firm/Company
137 U	V. Roya Palm Road Signal Ration, FL 33432 PAR SI
Boca	Raton, FL 33432 Processing City/State and Zip Code
Duni (E-ma	City/State and Zip Code a lawbnj. Com il address: (to be used for future annual report notification)
For further information concerning this matter	er, please call:
Dunia Ibranim Name of Person	at (561) 17-5656 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	t:
\$25.00 Filing Fee ☐ \$30.00 Filing Certificate o	
Mailing Address:	Street Address: Pagistration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brotm	an 1	1 117Pg	alum	Ibra	him,	PLU
(Name of the Limited	<u>Liability Com</u> Florida Limite	i <mark>pany as it now</mark> ed Liability Con	appears on ou apany)	r records.)	,	
The Articles of Organization for this Limited Liab	oility Compar 2289	ny were filed 1 le G	on 12	19/20	and	assigned
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited lig	ability comp	any here:			
The new name must be distinguishable and contain the word	ds "Limited Lia	ability Company	." the designati	on "LLC" or t	he abbreviation	"L.L.C."
Enter new principal offices address, if applicab	ıle:					
(Principal office address MUST BE A STREET ADDRESS)					262 SE	
(2) The span of the difference of the span	AIDDRESS _I	-			AL RE	
					C 2	1 70=24 • 1 7120
Enter new mailing address, if applicable:					1 S	1,524
(Mailing address MAY BE A POST OFFICE BOX)						na. aq
maning duaress WITT BE 71 1031 011 1CE BC	<u> </u>				TEN S	
					117, O	
B. If amending the registered agent and/or reg	istered office	e address on	our records	enter the	name of the	new registered
agent and/or the new registered office address						- -
	7	oio 1	Marca 1.			
Name of New Registered Agent:	<u>J_/W</u>	ma,	wray	IIM		
New Registered Office Address:	137 1	v. Ro	ya P	dim address	Roo	
	B00	a Ro	aton	Florida	33	格 2
		City			Zip Co	le ——

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 **Title** Name **Type of Action** Marc Brotman 137 W. Royau Palm borsada mgk □ Change MGR Dunia Ibrahim 137 W. Royal Palm DAdd Boca Raton, F2 33432 Remove □ Change AMBR JOSEPH Nusbaum 137 W. Royal Palmerance □Add Remove _ 🗆 Change \Box Add Remove □ Change \square Add

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s filed.	ies a delayed (the earlier	of: (b) The	e 90th day	y after the
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