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FEB 0.7 2017 S. YOUNG SECRETARY OF STATE FALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	TAMBI L	LC ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Firm/Company		
	6273 A	shbury Palms	DR	
	Tampa tambi.s	FL 33647 City/State and Zip Code @ hotmail. com o be used for future annual report notif		TEB-6
For further information or	E-mail address: (to encerning this matter, please ca		heation)	PH FFS
TAMBT Name of	SOUKAR	at (813) 616°	9654 e Telephone Number	EDRIDA 3: 22
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is ea	atus &

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	BJ Liability Company Florida Limited Lin	y as it now appears (ability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number	*	vere filed on	/3/2017	and assigne	d
This amendment is submitted to amend the follow	/ing:				
A. If amending name, enter the new name of the	he limited liabil	ity company here	2:		
The new name must be distinguishable and contain the wore	ds "Limited Liabilit	y Company," the des	ignation "LLC" or the ab	obreviation "L.L.C."	TAL SE
Enter new principal offices address, if applicab	ole:			7	- CZ
(Principal office address MUST BE A STREET	ADDRESS)			EB +6	- 15 EX
Francisco de la constanta de l				PH	- FL 04
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			ŗ	3 5
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	ice address on e	our records, enter	the name of t	he new
Name of New Registered Agent:	TAMB	I SOUK	AR		
New Registered Office Address:	6273	AShbu Enter Florid	ny Talms a street address	DR	
	_Tan	pa	, Florida	33647 Zip Code	
Novy Dogistaned Agentle Cinestone 15 sharely De-					

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 Title Name Address Type of Action MAEN GHOKAH AMBR ☐ Change SHEREEN STASS _□ Remove TAMBI SOUKAR □ Remove □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

								
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an effective	e date is listed, t e date inserte	than the date he date must be sp I in this block de on the Departs	ecific and can oes not meet	not be prior to dat the applicable :	e of filing or mo	ore than 90 days a	ptional) ther filing.) Pursua this date will no	int to 605.0207 it be listed as
		delayed efforther the record is		, but not an	effective ti	me, at 12:0	1 a.m. on the	e earlier o
ated	- Jeb	2 White	, .	2017.			J .	
-		Sign	iture of a mem	ber or authorized	representative	of a member		
		V OHO	1.				SOUK	Λ Ω

Page 3 of 3

Filing Fee: \$25.00