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JUL 13 2017 J CHAVERS

COVER LETTER

Division of C	Corporations		
Add a N SUBJECT:	·		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Salokhiddin Nurmukhame	edov	
		Name of Person	
	Saladin LLC		
		Firm/Company	
	955 Airport Rd Apt 922		
		Address	
	Destin FL 32541		
		City/State and Zip Code	
	solih5@gmail.com		
For further informatio	n concerning this matter, please c	to be used for future annual report all:	notheation)
Salokhiddin Nurmukl	namedov	850 830-856	8
Narr	e of Person	Area Code Da	ytime Telephone Number
Enclosed is a check fo	or the 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 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

	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab	oility Company were filed on 04/04/2017	and assigned
Florida document number 1.17000075397		
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:	·	
•••		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
D 16 P 17 P 17		
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the nev
	,	
Name of New Registered Agent:		24.
Mante of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	CARCITION RECEIVED CONTINUES	411 10
	Flor	ida <u>110 - 55</u>
	,	O.L. Z
New Registered Agent's Signature, if changing Reg	ustered Agent:	433 6
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe	and complete performance of my duties, and red agent as provided for in Chapter 605, F.	Ham familiar with and S. Or, if this document is
heing filed to merely reflect a change in the reg company has been notified in writing of this ch		те итнеа навину
the state of the s		

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	Salokhiddin Nurmukhamedov	955 Airport Rd Apt 922	= Add
		Destin FL 32541	☐ Remove
			☐ Change
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			_ □ Change

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	<u> </u>
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 e: If the date inserted in this block does not meet the applicable statutory filing require ament's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0 ements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at ne 90th day after the record is filed.	: 12:01 a.m. on the earlier
07/10/17	aber

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Filing Fee: \$25.00