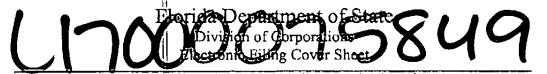
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: : VCORP SERVICES, LLC Account Name Account Number : 120080000067

: (845)425-0077 Phone Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BÄRAZANI INVESTMENTS LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

SEP ON MARRIES

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARAZANI INVESTMENT ŞILLI					
(Name of the Limit	ted Liability Compa (A Florida Limited)	iny as it now annears on our Liability Company)	records.)		
The Articles of Organization for this Limited L Florida document number L17000075849				and assign	ned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name o	f the limited liab	dlity company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbrevia	tion "L.L.(	Ç. <del>*</del>
	able:	1820 E Warm Springs I	Rd. Ste. 100		
(Principal office address MUST BE A STREE	TADDRESS)	Las Vegas, NV 89119			
			<u> </u>	11:32	\$1.c.
Enter new mailing address, if applicable		·*	<u> </u>	· <u> </u>	
(Malling address MAY BE A POST OFFICE	BOX)		18-	_ <del></del>	4577.
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B. If amending the registered agent and/ registered agent and/or the new registered of			ecords, enter the r	nue vot	the new
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Name of New Registered Agent:	Voorp Services	, LLC		<u>-</u>	<del></del>
New Registered Office Address:	5011 South Star	te Road 7, Suite 106			
		Enter Florida street	i address		<del></del>
	Davie		, Florida <u><sup>33314</sup> </u>		
		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 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

<u>Títle</u>	<u>Name</u>	Address	Type of Action
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		Las Vegas, NV 89119	Remove
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