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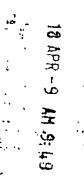
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	(Address)
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	JECT: Ahmad Perfume LLC Name of Limited Liability Company	
The er	enclosed Articles of Amendment and fee(s) are submitted for filing.	
	e return all correspondence concerning this matter to the following:	
	Brett ISaac Name of Person	_
	Simplified Booksceping + TAX	Service
	2191 university Bluds Address	-
	Jackson sille, Fc 32216 City/State and Zip Code	_
	E-mail address: (to be used for future annual report notification)	
For fu.	irther information concerning this matter, please call:	
	Ref TS49C at (74) 730-926 4  Name of Person Area Code Daytime Telephone Number	 er
Enclos	sed is a check for the following amount:	
<b>D</b> \$2	(additional copy is enclosed) Certifie	ate 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

(Name of the Limited Liability Compa (A Florida Limited	forme, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000</u> 8353.0	were filed on 4   13   2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Sonrise Gene  The new name must be distinguishable and contain the words "Limited Liabileter".	•	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2930 Stonemon-1	St
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32	207
Enter new mailing address, if applicable:	2930 Storemont S Jacksonville, FL	,+
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL	32207
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		r the name of the nev
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Florida	4-
	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 Type of Action <u>Title</u> <u>Name</u> Address □ Add \_□ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Remove Remove ☐ Change \_□ Add \_□ Remove \_□ Change \_□ Add \_□ Remove

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-—	X	Signature of a m	nember or authoriz	ed representative of	a member		

Page 3 of 3

Filing Fee: \$25.00