17000128494

(Requestor's Name)	
(Address)	9003204
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations	-	4
SUBJI	FUTURE P	LUS LLC		
3000	<u></u>	Name of Line	ited Liability Company	
The en	iclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		MAYANI, RESHAM V		
			Name of Person	
		FUTURE PLUS LLC		
			Firm/Company	
		18938 NW 63RD CT. CIR		
			Address	
		HIALEAH, FL 33015		
			City/State and Zip Code	
		FUTUREPLUSLIC@GMA		
			to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please co	all:	
MAY.	ANI, RESHAM V		786 4836274 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 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

(Name of the Limited Liability Company as it now appears on our records?) = TARY (15) AR

FILED

FUTURE PLUS LLC

2018 NOV -8 PM 1:21

	A Florida Limited	Liability Company)	TALL AHASSEE, FL
The Articles of Organization for this Limited Li. Florida document number L17000128494	ability Company	were filed on 06/12/	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wa	ords "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10492 BURROWS	ST
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO FL 328	32
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10492 BURROWS	ST
		ORLANDO FL 328	32
<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent:	· ·		er records, enter the name of the
	10492 BURRC	OWS ST	
New Registered Office Address:		Enter Florida s	street address
	ORLANDO		Florida ³²⁸³²
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KWATRA, SONIA	6265 CONTESSA DR APT 204	Add
	14 10	ORLANDO FL 32829	U /\dd
			☐ Remove
			■ Change
MGR	MAYANI, RESHAM V	10492 BURROWS ST	5
	· · · · · · · · · · · · · · · · · · ·	ORLANDO FL 32832	
			☐ Remove
			E Change
			Add
			Change
			☐ Remove
			Change
			Remove
			Change
	·		
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
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(If an et <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	Dehbor 30 2018
	Neshan Mayan. Signature of a member or authorized representative of a member
	RESHAM MAYANI Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00