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| Certified Copies | _ Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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Y SULKER



February 19, 2018

ALI MALIK ART LLC 6167 HARBOUR TOWN COURT ORLANDO, FL 32819

SUBJECT: ALI MALIK ART LLC Ref. Number: L17000137370

We have received your document for ALI MALIK ART LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

RECEIVED

MAR 0 1 2018

Letter Number: 418A00003475

www.sunbiz.org

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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|---|--|--|
| SUBJECT: | Ali Ma | 1/ix N+ | LLC |
| | | ited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Nask | un Cari | a (le |
| | Ah | Name of Person Name of Person Name of Person Firm/Company | suc |
| | 6167 | Harber + | on ct |
| | <u>Or</u> | I and a P23 | 2889 o O Jahwan |
| | N G S V C | Leave OV for do | o O JUWICM |
| For further information co. | ncerning this matter, please ca | all: | |
| Nas run | 1 RG7ach | at (321) 20 | time Telephone Number |
| Nume of | Claur | Area Code 12ay | une receptone rannor |
| Enclosed is a check for 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 |
| Calma | of suni) | | (additional copy is enclosed) |
| Registra Division P.O. Bo: | NG ADDRESS: tion Section of Corporations x 6327 see. FL 32314 | STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL | porations g Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Al, Mali | K Art CLC |
|--|--|
| (Name of the Limited Liability (A Florida | ty Company as it now appears on our records.) i Limited Liability Company) |
| The Articles of Organization for this Limited Liability C | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lim | + LLC |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDE | RESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A # # # # # # # # # # # # # # # # # # # |
| B. If amending the registered agent and/or regis | stered office address on our records, enter the infine of the new |
| registered agent and/or the new registered office add | ress here: |
| Name of New Registered Agent: | XII Malije |
| New Registered Office Address: | Collit Harbier town Court Enter Florida street address |
| | Or (Ord) , Florida 289 |

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 sitle, 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 |
|--------------|-------------------|--------------------|-----------------------------|
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Page 3 of 3

Filing Fee: \$25.00