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(Document Number)
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SEURE IARY OF STATE VLLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	A,5 HUS D: 1 Name of Limi	SCAY LLC.	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Medha	+ Towf./c	S'AAD
	MAS' H	650, 15 P. + 4	LLC
	16/02 C	Cikhester Pell	ms Dr.
	dus' 1030	City/State and Zip Code 696 VaHoo. Co be used for future annual report notifi	y M cation)
For further information co	ncerning this matter, please ca	11:	
Medha	+ Tawfik SA.	<u>AD</u> at (<u>\$63,</u> 83.8	- 7781
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	El \$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, F1, 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

MAS' HOSA	Pitolity LLC.	
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	0/7_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	 	the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Craiting address MAT BEAT OUT OFFICE BOAT		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, <u>e</u> <u>dress here</u> :	2018 3EC
Name of New Registered Agent:		DEC -
New Registered Office Address:	Pag. 19 - 1	SEE TO THE
	Enter Florida street address Florid	
	City . Ptorid	Zip Node

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, <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>		Address	Type of Action
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Filing Fee: \$25.00