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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

TO:

TO: Registration Division of C	S e ction orporations	,		
	kkil Marketing LLC.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Rasool Mutawakkil			
		Name of Person		
	Mutawakkil Marketing Ll	LC.		
		Firm/Company		
	16411 SW 102nd Ave			
	<u> </u>	Address		
	Miami, FL 33157			
	rasooljr@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please ca	all:		
Rasool Mutawakkil		305 7984401 at ()		
Name	e of Person	Area Code Daytim	e Telephone Number	
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 (additional copy is enclosed)	
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURI Registration Section Division of Corporation	on	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mutawakkil Marketing LLC.		
(Name of the Limited Liabilia (A Florida	ty Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number 82-3732897	ompany were filed on 12-18-201	7 and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.G."
Enter new principal offices address, if applicable:	<u></u>	A 150
Principal office address MUST BE A STREET ADDR	RESS)	UG -7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DF STATIONS ORPORATIONS AM 9: 20
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	Citv	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>Title</u>	Name	<u>Address</u>	Type of Action
MIGR 50%	Ashley Mutawakkil	16411 SW 102nd Ave	= Add
		Miami, FL 33157	Remove
			☐ Change
1200.50%	Rich Mindelinger	10/11 50 192 1,00	
		1.1 MI FE 33157	☐ Remove
			☐ Change
			Add
			Remove
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an ct ote:	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.020 ted a
cun	nent's effective date on the Department of State's records.	
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	ier d
ated	1 Micket 2018	
	Signature of a member of authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00