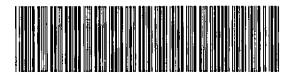
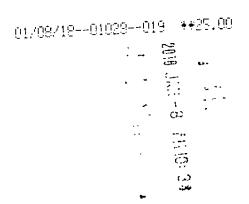
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I. HARRIS

COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT:		RUST L	LC	
The enclosed Articles of Amo	endment and fee(s) are subm	nitted for filing.		
Please return all corresponder	nce concerning this matter to	the following:		
-	Ran	Name of Person	и	
-	Ma	VO TVUST Firm/Company	LLC.	
-	3709 5,	AVOY Ch	<u>AP</u> 4	G
-	West palm b R Haigo @V	Beach, FL, City/State and Zip Code not mail. Co be used for future annual	3341	on)
For further information conce				
Ramy Jain Name of Per	Son	at (<u>561</u>) Area Code	762 - Daytime Tele	3080 ephone Number
Enclosed is a check for the fo	llowing amount:			
	330.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		□ \$60.00 Filing Fce, 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 (A Florida Li	Company as it now appears of imited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1700026219</u>	· ·	2/27/17	_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here	:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desi	gnation "LLC" or the abbre	viation "l.	L.C."
Enter new principal offices address, if applicable:	, , ,	: <u>:</u>	20	
(Principal office address MUST BE A STREET ADDRE	(22)	 	جن ر	22- 3, b
Timeparafice duress most bi. A STREET ADDRES		•	:::	** *
			. 00	*
Enter new mailing address, if applicable:		•		
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(Mailing address MAY BE A POST OFFICE BOX)			्रं हो द व	
B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, <u>enter th</u>	e name	of the ne
Name of New Registered Agent:				
name of new regimeted rigent.				
New Registered Office Address:	Enter Florida	a street address		
		, Florida		
	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** Title **Address** Name PSES Martel WAHRAM 3709 SAVOY (n Apt G. DAdd West palm Beach, Fi, 33417 Dremove ☐ Change __ 🗆 Remove _□ Change _□ Add □ Remove _□ Change □ Add ☐ Remove ___ Change _□ Remove -**(_)** - □ Add ☐ Remove

☐ Change

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