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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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O SIMMONS JAN 15 2020

COVER LETTER

ection rporations		
JE LLC		•
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Kristina Ghoneim		
	Name of Person	
<u></u>	Firm/Company	
3001 NE 185th Street, apt.	332	
	Address	
Aventura/Fl 33180		
krisghoneim@gmail.com	City/State and Zip Code	
	to be used for future annual report notifi	eation)
concerning this matter, please c	all:	
	786 9532608	
of Person	Area Code Daytime	Telephone Number
he following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
SN:	Street Address:	***
	Amendment and fee(s) are sub- ondence concerning this matter Kristina Ghoneim 3001 NE 185th Street, apt. Aventura/Fl 33180 krisghoneim@gmail.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter. please concerning this matter. please concerning this matter. please concerning this matter.	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Kristina Ghoneim

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

: ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USAVENUE LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L18000008777.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
	Company, the designation line of the abbreviation line of the abbreviat
Enter new mailing address, if applicable:	m s f
(Mailing address MAY BE A POST OFFICE BOX)	72 S
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	lress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

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** <u>Title</u> <u>Address</u> <u>Name</u> \square Add _____ Remove ____ □Add _ □Remove Removed TORETAINY OF STATE _____ □Change _____ □Change _____ ⊡Add _____ □Remove _____ □Change

for which a limited liability	y company may be organized in this state.	
		
		
		2018 DEC 13 PH 4: 56 SECRETARY OF STAT SECRETARY OF STAT ALLAHASSEE, FL
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		DEC 13 PM 1 RETARY OF ALLIANASSER
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) P block does not meet the applicable statutory filing requirements, this date wi	ursuant to 605.0207 (3)(b) Il not be listed as the
If the record specifies a delayed effect record is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	Oth day after the
December 9	2019	
174100	10)	

Filing Fee: \$25.00

Typed or printed name of signee