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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Registration Sec Division of Corp				
CUDICCT.	JAGJLETE	ENGAY 1	LLC	
SUBJECT:		ited Liability Company	······	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspor	idence concerning this matter	to the following:		
	Nasrain			
		Name of Person		
	JAGJE	ETENGAL L	بار	
	988 50	VANNAH EA	ius oe	
		Address		
	West	0.4 FL 3	3327	
		<ul> <li>City/State and Zig Code</li> </ul>		<del></del>
	NSS PA	20PERTIES 6	GMAC (COM	
	E-mail address: (	to be used for future annual	report notification)	
For further information co	meerning this matter, please or	ali:		
MASIZA.N	DHANAN.	at ( 95 m)	224-5735 Daytine Telephone Nu	
Name of	Person	Area Code	Daytime Telephone Nu	mber
Enclosed is a check for the	e following amount:			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	Cert (closed) Cert	0 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	NG ADDRESS:	<b>b</b>	T/COURIER ADDRES	S:
	ntion Section	· · · · · · · · · · · · · · · · · · ·	ition Section  of Corporations	
P.O. Bo	n of Corporations ox 6327		Building	
Tallaha	ssee, FL 32314	26 <b>6</b> 1 Ex	recutive Center Circle ssee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	j
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	18 K
Principal office address MUST BE A STREET ADDRESS)	AR AHAR
	N SSE
	PH EFF
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	30
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent:	office address on our records, enter the name of the new
New Registered Office Address:	
	Ebter Florida street address
<del></del>	, Florida
New Registered Agent's Signature, if changing Registered Age	· 1
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	agree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is
<u>n c</u>	hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending	Authorized Person(s) authorized to ma	nage, enter the title, name, and	address of each person being added
MGR = Ma			
<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHANNONE DHANANI		□ Add
		9831 SW 16th Ct PEOBEOG Dine F	Remove
		peon Beox 2 Pine F	-∪ 33025 □ Change
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. Effective da	te, if other than	the date of fil	ling:3_	12/20	18	(	optional)		
(If an effective of Note: If the	late is listed, the date date inserted in thi frective date on th	must be specific s block does no	and cannot be of meet the a	prior to date pplicable st	of filing or n	tore than 90 days	after filing.) Pu	irsuant to 605.020 I not be listed a	07 (3)(b is the
	specifies a dela day after the i			t not an	effective	time, at 12:	01 a.m. on	the earlier o	of:
Dated									
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		Signature o	f a member or	authorized i	epresentative	of a member			
			Typed or			of a member			

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Filing Fee: \$25.00