## L18000064066

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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J. LEGGETT MAR 23 2018

## **COVER LETTER**

	on Section of Corporations
ARFA SUBJECT:	A USA ELC
	Name of Limited Liability Company
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	FARID AKHTAREKHAVARI
	Name of Person
	FirmvCompany
	5910 S.W. 73rd STREET
	Address MIAMI, FLORIDA 33143
	City/State and Zip Code Faridkhavari1@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further information	ation concerning this matter, please call:
FARID AKHTARI	at ()
N	Same of Person Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:
S25.00 Filing F	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  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

ARFA USA LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on March 14, 2018	and assigned
Florida document number L18000064066		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
ARFA USA LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	•	က် ·-
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		(1)
		1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		ter the name of the
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 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</u> <u>or removed from our records</u>:

MGR = Manager · AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FARID AKHTAREKHAVARI	5910 S.W. 73rd STREET, MIAMI.	<b>≅</b> Add
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ective date, if other than	the date of filing:	(optional)
		filing or more than 90 days after filing.) Pursuant to 605, utory filing requirements, this date will not be liste
ument's effective date on the	ne Department of State's records.	
record specifies a dela he 90th day after the	yed effective date, but not an eff record is filed.	fective time, at 12:01 a.m. on the earlie
,		
ed March 21	2018	

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Typed or printed name of signee

Filing Fee: \$25.00