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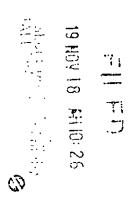
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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

etti trev.	WEST PALM BEACH C	NE, LLC			
SUBJECT:	Name of Lim	ited Liability Company	.		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANTONIO GONZALEZ				
		Name of Person			
	GONZALEZ & ASSOCI.	ATES II PA			
Firm/Company					
		Address			
	WESTON, FL 33326				
		City/State and Zip Code			
	AGONZALEZ@AMEFIN				
		to be used for future annual report no	tification)		
For further information of	concerning this matter, please co	atl:			
ANTONIO GONZALE	Z	954 773-7286			
Name of Person		at ()	ne Telephone Number		
Enclosed is a check for t	he 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)		
Registi	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST PALM BEA		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L18000105518</u> .	npany were filed on 04/26/2018	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
N/A		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	1229 N DIXIE HIGH WAY	** 1
Principal office address MUST BE A STREET ADDRES	DAVIE, FL 33325	100 10
		i g m
		. O)
nter new mailing address, if applicable:	12670 SW 20th STREET	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33325	<u> 등 고</u>
		::: <u> </u>
		$\mathcal{O}_{\mathcal{L}_{2}}$
3. If amending the registered agent and/or register		enter the name of the n
egistered agent and/or the new registered office addres	s nere:	
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
·	, Flori	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ZUBAIR SAJID	12670 SW 20th STREET	Add
		DAVIE, FL 33325	
		——————————————————————————————————————	□ Remove
			= Change
MGR	SAJID SAADIA	12670 SW 20th STREET	
		DAVIE, FL 33325	
			□ Remove
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If the date inserted in this block does not meet the applicable sta	atutory filing requirements, this date will not be lis	sted as
tent's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an e	effective time at 12:01 a.m. on the earl	ier o
90th day after the record is filed.	are cuive time, at 12.01 a.m. on the can	10, 0
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11/15/19		
11/12/19		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00