L18000136821

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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Idris	Realty Same of Line	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter		
	Idnis Re	A HIM I Name of Person	
	Idris Re	alty LLC Firm/Company	
		Address	
	Jacksonville	FL 3225 7 City/State and Zip Code	
	Tdris 90 6 1 E-mail address: (1	FL 32257 City/State and Zip Code Live. com to be used for future annual report notifi	cation)
	ecerning this matter, please co		
Idnis Rahis Name of I	orson	at (<u>904</u>) <u>294-</u> Area Code Daytime	8990 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. 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

Idris Realty	LLC					
(<u>Name of the Limited)Liabili</u> (A Florid:	ity Company as it now appears a Limited Liability Company)	on our records.)				
The Articles of Organization for this Limited Liability Company were filed on June of 2018 and assigned Florida document number <u>L 18000136821</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :				
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the de	signation "LLC" or the abbrevi	ation "L.L."	(`. ''		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDE	RESS)					
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			ت ع	20 20 20 20 20 20 20 20 20 20 20 20 20 2		
Enter new mailing address, if applicable:				- 15 (m) - 15 (m)		
(Mailing address MAY BE A POST OFFICE BOX)				<u>5747</u> 361		
				<u>्रिक्त</u>		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the		the nev		
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Office Address.	Enter Flori	da street address				
		, Florida				
-	Cny		ip Code			
New Registered Agent's Signature, if changing Registere	d Agent:					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of t gent as provided for in C ed office address. I hereb	ny duties, and I am famil hapter 605, F.S. Or, if th	liar with is docum	and wnt is		

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Taxis Rahimi	4918 Tiger Lily Lane. Jacksonville, FL 32257	⊠ Add
		- Jacksonoffie + FC 3225)	Remove
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ective date, i	f other than the d	ate of filing:				(optional)		
n effective date i te: If the date	f other than the d s listed, the date must b inserted in this bloc	se specific and ca k does not mee	nnot be prior to	odate of filing or the statutory fi	r more than 90 day ling requiremen	s after filing.) Put ts, this date will	isuant to 60 not be li:	05,020 sted a:
cument's effec	tive date on the Dep	artment of Stat	e's records.	•				
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Filing Fee: \$25.00