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COVER LETTER

TO:

Registration Section Division of Corporations

Idris Realty LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Idris Rahimi Name of Person Idris Realty LLC Firm/Company 4918 Tiger Lily Ln Address Jacksonville, FL 32257 City/State and Zip Code irahimi@redzonerealtygroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 294-8990 Idris Rahimi Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Idris Realty LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/09/2018 and assigned Florida document number 1.18000136821

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Idris Rahimi, LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street a	ddress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

 \Box

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
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