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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	Gr investme Name of Limited Liabi	nts LLC. lity Company	
The enclosed Articles of Amendment and	fee(s) are submitted for	or filing.	
Please return all correspondence concernit	ng this matter to the fo	llowing:	
	Yose	F Shainouk	
	_	,	
<del></del>	Bar investm	ents 11c	
9.0	70 NW S	3rd street	
<del></del>		ings, FL 3306 tate and Zip Code	
_shinu	KINVESTMENT.	Samal . wy	eation)
For further information concerning this ma		3	
Yonit Shinuk Name of Person		Area Code Daytime	103 Telephone Number
Enclosed is a check for the following amo	unt:		
S25.00 Filing Fee S30.00 Fili Certificat	e of Status C	5.00 Filing Fee & Certified Copy additional 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

(Name of the Limited Liability Com (A Florida Limited	PHY IC ipany as it now appears on our record d Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Compar Florida document number <u>L13000144033</u> .	ny were filed on <u>G   JƏ   Ə O</u> -	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company " the designation "PLC	" or the abbreviation Of [ C "
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		SEP TI
Enter new mailing address, if applicable:		19:57 19:57
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		s, enter the name of the new
New Registered Office Address:	Enter Florida street addre	555
	,	lorida
	Ciry	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
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			□ Remove
			Change
MOR	Your Shainouk SR.		□ Add
		9070 NV 531d st. Coral Springs F1 33067	Remove
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ffective date, if other than the date of filin an effective date is listed, the date must be specific and lote: If the date inserted in this block does not a ocument's effective date on the Department of S	nd cannot be prior to date of filing meet the applicable statutory		g.) Pursu		
e record specifies a delayed effective of The 90th day after the record is filed.	date, but not an effecti	ve time, at 12:01 a.m.	on th	ie eai	rlier of
ated	.,				
	الع	tative of a member			
Signature of a	member or authorized represen	tative of a member			

Page 3 of 3

Filing Fee: \$25.00