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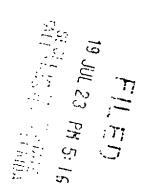
(Req	uestor's Name)	
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COVER LETTER

то:	Registration Se Division of Cor			
cun	NABATH.			
SUB	JEC1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-		
ricas	se return an correspo	Ola Kayal	to the following.	
			Name of Person	
			Firm/Company	
		317 NW 25th St.		
			Address	
		Miami, FL 33127		
		ola.a.kayal@gmail.com	City/State and Zip Code	
		. •-	to be used for future annual report notif	ication)
For f	urther information co	oncerning this matter, please ca	all:	
Ola	Kayal 		561 926-1116 at ()	
	Name o	(Person	at () Area Code Daytime	Telephone Number
Encl	osed is a check for th	ne following amount:		
■ \$	325.00 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)

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NABATI LLC

(Name of the Limi	ited Liability Compa (A Florida Limited)	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited I. Florida document number L18000169724	iability Company	were filed on July 13, 2018	and assigned
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ipal offices address, if applicable: address MUST BE A STREET ADDRESS) ing address, if applicable: MAY BE A POST OFFICE BOX) In the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		317 NW 25th St	
		Miami, FL 33127	
			
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	Vor registered o		ords, enter the name of the ne
New Registered Office Address:	317 NW 25th S		7.0
	, Florida 33127 N		
	Miami	City	, Florida $\frac{33127}{2in Code}$
New Registered Agent's Signature, if changing	Registered Agent:	•	P. IT
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my dutie. provided for in Chapter 6	s, and I am fam <mark>itia</mark> r with and 05, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	Cem Kalkavan		□ Add
		1040 Seminole Dr. Fort Lauderdale, FL 33304	Remove
			Change
			Add
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fective date, if other than the date of filing:		(4	یہ optional)	2)	
an effective date is listed, the date must be specific and cannot be pote; If the date inserted in this block does not meet the appointment of State's reconcument's effective date on the Department of State's reconcument.	dicable statutory fi	r more than 90 days ling requirements	after filing.) Purs , this date will r	uant to 605 not be list	5.0207 ed as
record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective	e time, at 12:0	01 a.m. on tl	he earli	er of
June 19 2019	·				
p/					
Signature of a member or a	ithorized representat	ive of a member			

Page 3 of 3

Filing Fee: \$25.00