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## **COVER LETTER**

Division of Cor	porations		
NABATI L SUBJECT:	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ola Kayal	1	
		Name of Person	
	Nabati LLC		
		Firm/Company	
	317 NW 25th, Street		
		Address	
	Miami, FL 33127		
		City/State and Zip Code	
	ola.a.kayal@gmail.com		
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Ola Kayal		561 926-1116 at()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
<b>≅</b> \$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)

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

NABATI LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recordited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Comp.	pany were filed on July 13,2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 A
Principal office address MUST BE A STREET ADDRES:	<u> </u>	The second second
	·	<u> </u>
Enter new mailing address, if applicable:	317 NW 25th, Street	AH 9
Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl. 33127	- A - E
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		
<del></del>	, F	lorida 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 = N $AMBR = A$	lanager authorized Member	;	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	at be specific and cannot ock does not meet the	be prior to date of applicable state	filing or more than 90 story filing requires	(optional)  Odays after filing.) Purments, this date will	rsuant to 605.0 not be listed	)207 I as
ne record specifies a delayed The 90th day after the rec		out not an eff	ective time, at	12:01 a.m. on	the earlier	r of:
October 15	2011	9				
Inted Stroot 15	<del></del> ·	<del>/</del> -/				
Dated	<b>a</b> /,					
Dated	Signature of a member	al				

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Filing Fee: \$25.00