118000178145

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700320653547

11/13/18--01038--020 **25.00

2010 NOV 13 디오 중 중 2

1. . 83 . .

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Dashti Name of Limi	LL C ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	H U5S	ain Dash	+i
	Das	hti LLC Firm/Company	
	1673 W	Bay FL =	SE
	Palm	Bay FL 3	32909
	E-mail address: (1	City/State and Zip Code 1 + ein	. com fication)
For further information c	oncerning this matter, please ca		
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$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

	ability Company as it now appears on our records.)
(A.F.	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on and assigned
This amendment is submitted to amend the followin	
A. If amending name, enter the new name of the	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	Q
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida

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 Type of Action Address Title Name Kutaiba Aby Hannoud 1040 Venetion Dr DAdd
203 MOR Melbourne FL 329040 Remove _____ Change □ Add ___ Change □ Add ☐ Remove ___ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove __ Change □ Add

_□ Remove

____ Change

		<u></u>	· · ·				
		_	_				<u></u>
				-			
						<u> </u>	
							
						<u> </u>	
			<u> </u>				
							
							
		<u> </u>		<u> </u>			
							
							
f an effective date Note: If the da	if other than the ce is listed, the date must te inserted in this blo ective date on the De	be specific and ock does not me	cannot be prior t eet the applica	o date of filing or a ble statutory fili	nore than 90 days	optional) after filing.) Pursuar s, this date will not	nt to 605.0207 be listed as
e record sp The 90th d	ecifies a delayed ay after the reco	effective da ord is filed.	ate, but not	an effective	time, at 12:	01 a.m. on the	earlier of
Dated 5th	of Novemb	<i>)</i> &	2018	0			
				\mathcal{X}			
		Signature of a m	nember or author	rized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00