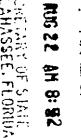
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(Requestor's Name)
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## **COVER LETTER**

TO: Registration So Division of Cor					
SUBJECT:	1055	UW 62ND AVE,	UC		
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Rocio	Name of Person			
	Nisha	d Khûn P. L. Firm/Company		18 84 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40 BIR 99
	617 E.	Colonial Drive			-
	Orland	City/State and Zip Code		STATE	AH 8: 82
	E-mail address: (	ishad Khanlaw . Co' to be used for future annual report notif	ication)		
For further information of	oncerning this matter, please c	all:			
Recio Bo	M v f Person	at (407) 228 Area Code Daytime	-9711 Telephone Number	<del></del>	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
	ING ADDRESS:	STREET/COURI			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1055 NW (a	ZND AVE, UC upany as it now appears on our records.)
(A Florida Limited	ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on July 27, 2018 and assigned
Tionda document number <u>575 700 150 55</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	in a
(Principal office address MUST BE A STREET ADDRESS)	SSE PO
	ma R U
Enter new mailing address, if applicable:	Radio 🥦
(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 h	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
			TRemove
			Spange Page Page Page Page Page Page Page Pa
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Signature	of an	authorized	representative	amended.
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ve date, if other than the			(opti of filing or more than 90 days afte	ional) r filing ) Pursuant to 60
If the date inserted in this bl	ock does not n	neet the applicable sta	ntutory filing requirements, thi	is date will not be lis
ent's effective date on the D	epartment of S	tate's records.		
ord specifies a delayed 90th day after the rec		ate, but not an e	effective time, at 12:01	a.m. on the earl
John day after the rec	ora is illea.		, /	
A				
August 13	<u> </u>	<u>5013</u> .		
		/		
	Signature of a r	nember or authorized	presentative of a member	

Page 3 of 3

Filing Fee: \$25.00