## 118000181047

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. MILLIGAN SEP 1 1 2018

## **COVER LETTER**

10: Registration Sc Division of Cor			
SUBJECT: <u>ECS</u>	FL ILC.		
	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:	
	Aleem Zakee		
		Name of Person	
		Firm/Company	
	9020 NW 19th 5	+ Pembroke Pines, FL 33	8024
	Pembroke Pines,	FL 33024 City/State and Zip Code	
		.71809 mail. Com to be used for future annual report notifi	
			ication)
For further information c	oncerning this matter, please co	all;	
Aleem Zakee		at ( <u>305</u> ) <u>395 -</u> Area Code Daytime	2003
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ation Section a of Corporations	STREET/COURIE Registration Section Division of Corpora	1

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed	d on <u>7. 27 , 201</u> 2	and assigned
Florida document number <u>L18000181047</u>	·		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability com	pany here:	
Mitted and American			
The new name must be distinguishable and contain the words "I	imited Liability Compar	ry," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- Auth	A ADMIN AD BAN	
(Principal office address MUST BE A STREET AD	DRESS) Park	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office as		ress on our records,	enter the name of the nev
Name of New Registered Agent:			
Name De Carlos d'Outres VIII en			
New Registered Office Address:	Enter Florida street address		
	, Florida		rida
<del></del>	City	, 110	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	l complete performa l'agent as provided	mce of my duties, and for in Chapter 605. F	d Lam familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Aleem Zakee		· <b>P</b> Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
		<del> </del>	□ Remove
		·	Change
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	Ĵι:)	
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E. Effective date, if other than the date of filing:	g.) Pursuant to 60	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earl	ier of:
Dated 8. 27. 2018/August 27. 2018	<u>.</u>	21
Signature of a member or authorized representative of a member		ZTI AUG 31
Aleem Zakee		
Typed or printed name of signee		P

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Filing Fee: \$25.00