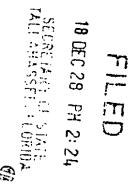
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Office Use Only



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T SCHROEDER

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		OPERTIES LLC		
301301.01.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing	
			-	
Please return	all correspo	ndence concerning this matter	to the following:	
		AMYNAH BAHADURALI R	АНІМІ	
			Name of Person	
		4857 SW 183RD AVE	Firm/Company	
		4037 30V 103RD AVE	Address	
		MIRAMAR,FL 33029		
		SHABNAMW@ATT.NET	City/State and Zip Code	
		h-mail address: (to be used for future annual report notif	ication)
For further in	iformation co	oncerning this matter, please ca	alt:	
SHABNAM	FARISHTA		770 256-1828	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for th	e following amount:		
≌ \$25.00 F	iling 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:

TO:

Registration Section

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

MENA PROPERTIES LLC			•		
(Name of the Lin	nited Liability Company a (A riorida Limited Liabi	it now appears on our re lity Company)	cords.)	_	
The Articles of Organization for this Limited Florida document number L18000231967	Liability Company wer	re filed on 10/1/2018	ac	d assig	1ed
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability	company here:			
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "	LLC" or the abbreviation	on "L.L.C	<u>, n</u>
Enter new principal offices address, if appli	cable:		 1		
(Principal office address MUST BE A STRE	ET ADDRESS)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	တ	
				3	n
	·	·	<u> </u>	~~~	1017700 J-1000
Enternal matter attended to the territory			1.0 m	ω	
Enter new mailing address, if applicable:					-111
(Mailing address MAY BE A POST OFFICE	<u> </u>			_ਲ_	
				~	
			⊕ >>		
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office office address here:	address on our rece	ords, enter the na	me of	the nev
to a	MILL BUILTESS HETC.				
Name of New Registered Agent:	AMYNAH BAHADU	JRALI RAHIMI			
New Registered Office Address:	4857 SW 183RD A	VE		•	
-		Enter Florida street ad	dress		
•	MIRAMAR		Florida 33029		
		City	Zip (ode	

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 Changling Begistered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AMYNAH BAHADURALI RAHIMI	4857 SW 183RD AVE	
			Add
		MIRAMAR,FL 33029	
			□ Remove
			Change
			
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n effective date is listed, te: If the date inserte		cannot be prior to date of neet the applicable stati	filing or more than 90 days	optional) after filing.) Pursuant to 605.020 this date will not be listed a
record specifies a he 90th day afte	a delayed effective d r the record is filed.	ate, but not an ef	fective time, at 12:0	on a.m. on the earlier of
OCTOBER 10		2018		PEC 28 /
ied				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00