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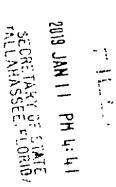
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WAY LY ELLS

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corp	orations		
SUBJECT: Joss	sica 7 LLC		es.
300anci	sica Z LLC Name of Lim	ited Liability Company	350
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	Bla MI PHY LESS OF THE RESIDENCE OF THE PARTY OF THE PART
Please return all correspon	dence concerning this matter	to the following:	
			Str. C
	Jessica	Roshanzamir Name of Person	
		Name of Ferson	
		Firm/Company	
	2020 North	Bayshore Drive *	2908
		Address	
	Miani	FL 33137 City/State and Zip Code	
	E-mail address: (1	to be used for fullire annual report noti	fication)
For further information co	neerning this matter, please ca	all:	
Alay anda.	Kushnaz	at ( <u>56)</u> ) <u>239 - 6</u> Area Code Davtim	013
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	e 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)
	NG ADDRESS: tion Section	STREET/COURI Registration Section	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

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ARTICLES OF O	RGANIZATION %
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Ta	
Tessica Z LL (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Jane Zamia Dosia II	
The new name must be distinguishable and contain the words Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
C .	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2020 North Bayshore Drive #2908 Miami, FL 33137
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Migni, FL 33137
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	N/A
New Registered Office Address:	N/A Enter Florida street address
	_
	, Florida
	City 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			Add
		\ A	☐ Remove
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			Remove
			□ Change

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feetive date, if other than the date of filing:    1   19   (optional)     2   19   (optional)     2   19   (optional)     2   19   (optional)     3   19   (optional)     4   10   (optional)     5   10   (optional)     6   10   (optional)     7   10   (optional)     8   10   (optional)     9   10   10   (o		
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ted January 8. 2019.	n effe <u>ite:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
	Γhe	90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00