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COVER LETTER

ro:	Registration Sec Division of Corp		- W	
SUBJE	CT:	P A L Name of Limi	ted Liability Company	nt LLC
The enc	losed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		_ Shan	Name of Person	Crime
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: ()	to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please co	ill:	
	Name of	Person	at (H13) 501 Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e following amount:		
P \$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

(Name of the Limite	ed Liability Company A Florida Limited Lia		·
The Articles of Organization for this Limited Li.	ability Company w	ere filed on 2/	16/2019 and assigned
This amendment is submitted to amend the follo	wing:	•	
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica-			
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>		
Enter new mailing address, if applicable:			3 50
(Mailing address MAY BE A POST OFFICE)	<u>80X)</u>		ين تر ت
			.,
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		nngSine SW 5 Enter Florida street ac	Marine 519 st

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>	Address	Type of Action
************		 	Add
			Remove
			□ Remove
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please up date the Francis For
Shamnarine Narine To 82% as a President
lisa Narine 9%
Bindya Singh 9%
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated
Shamevine Narine Typed or printed name of signee

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Filing Fee: \$25.00