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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	ISHTAR LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for tiling.			
Please return all corresp	oondence concerning this matter	to the following:			
	Leonardo Heidner				
	<del>-</del>	Name of Person			
	Heidner Law Firm, P.C.				
		Firm/Company			
	60E 42nd Street			<b>.</b>	Ξ
		Address		22 S	<u>.</u>
	New York, N.Y. 10165			SEP 21 PM 3: 09	2: 2::-
		City/State and Zip Code		70	- 02.7 - 02.7 - 03.7
	leo@heidnerlaw.com	<del></del>	· · ·	<u>ာ</u> ယ	E 15
		to be used for future annual report notif	ication)	: 09	설년 동
For further information	concerning this matter, please c	all:			**
Leonardo Heidner		212 3029867			
Name	of Person		Telephone Number	_	
Enclosed is a check for	the following amount:				
€ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &	
	Section Corporations	Street Address: Registration Sec Division of Corp	oorations		
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monroe	allahassee Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN ISHTAR LLC			
( <u>Name of the Lim</u>	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/07/2019}{\text{Elorida document number}}$			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company." the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	22.		
		<u> </u>	
		22 9 1	
Enter new mailing address, if applicable:		<b>P</b> (2)	
(Mailing address MAY BE A POST OFFICE	BOX)	<u>α</u> χ	
		09 88	
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, <u>enter the name of the new reg</u>	
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	5255 Collins Ave. Apt. 10H	<del> </del>	
		da street address	
	Miami Beach	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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ective date, if other than the da reffective date is listed, the date must be	specific and cannot be prior	to date of filing or me	ore than 90 days after t	1 <b>a1)</b> iling.) Pursuant to 6	05,020
<u>te:</u> If the date inserted in this block cument's effective date on the Depa	does not meet the applic	able statutory tiling	g requirements, this	date will not be li	isted a
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