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(Cit	y/State/Zip/Phone	e #)
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TO: Registration Section Division of Corporations	i.
SUBJECT: EYB	Properties LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	ELi Noorani Name of Person
	Name of Person
	EYB Properties LLC Firm/Company
1	
	933 Mount olympus Dr. Address
(OS Angeles, CA 90046 City/State and Zip Code
	LiNoo RANI 18@ Choil. Com E-mail address: (to be used for future annual report notification)
For further information concerning	
ELi Nooran	at (310) 500 - 0870 Area Code Daytime Telephone Number
Enclosed is a check for the followi	ng amount:
	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ertificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section Division of Corporations

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

EYB Propertie	S UC	 -	_
(Name of the Limited Liability Compan- (A Florida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liability Company w	vere filed on 2/7/2019	<u>(</u>	i ass
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation	n "L.l
Enter new principal offices address, if applicable: 1933 Mount die		A005	<u>0r.</u>
(Principal office address MUST BE A STREET ADDRESS)	1933 Mount dy Cos Angeles, CA	<u>90046</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1933 Mount Olympus Dr Los Angeles, CA 90046		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the na</u>	me of the	: new
Name of New Registered Agent:			~
New Registered Office Address:	Enter Florida street address	5 (y) 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	022 H0
	, Florida _		~ √2
New Registered Agent's Signature, if changing Registered Agent:	City	Zip C	PY Y
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I ar	n fàmiliar	r With c

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.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type 6
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Note	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.
Date	d
	Signature of a member or authorized representative of a member
	Eliyah Noo Casi () Typed or printed name of signee