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10	Requestor's Name)	
(1	reducator a Marrie)	
(<i>f</i>	Address)	
(<i>F</i>	Address)	
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(0	City/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
	Business Entity Name	
(c	ousiness chity Name	;)
([Document Number)	***
Certified Copies	Certificates of	of Status
Special Instructions t	o Filing Officer	
Special metablishes	or ming officer.	
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Office Use Only



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Amend

MAY 3 0 2019 I ALBRITTON

COVER LETTER

Division of Corpo	orations	•	146
sùвject:A	JAZRAWI Name of Limi	Marketing L ited Liability Company	LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for tiling.	
Please return all correspond	dence concerning this matter	to the following:	
	John A	1/-Jozca-w/ Name of Person	
		Firm/Company	
	4126 Inventar	y Blud #2201, L	auderhill, FL 33319
	Lauder jaljaz	City/State and Zip Code Cawl @gmail. Cor o be used for future annual report noti	m fication)
For further information cor	ncerning this matter, please ca	•	
John Al Name of I	Jazawi Person	at (<u>301</u>) <u>832 –</u> Area Code Daytim	2606 e 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 (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

	ZRAWI MARKETING LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on ou da Limited Liability Company)	r records.)
		08/ 9 019 and assigned
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		P 111
		=
		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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>	Address	Type of Action
<u>ANBR</u>	John Al-Jaznawi	4126 Inversing Block # Landenhill, FL 33319	22 61 2 Add
		<u></u>	Remove
			Change
			D Add
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ctiv	ve date, if other than the date of filing: (optional) ctive 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 605.02
<u>e:</u> 1	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
ume	ent's effective date on the Department of State's records.
ecc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
ne 9	90th day after the record is filed.
	05/07/2019
ed _	0>10/1,5019
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	John Al-Jazrawi Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00