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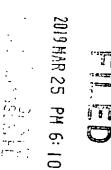
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(Document Number)
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C. GOLDEN

APR - 3 2019

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	DE	s LL	ed Liability Company	
		Name of Limite	ed Liability Company	
The enclosed A	ticles of Amendment and	fee(s) are subm	nitted for filing.	
Please return al	correspondence concerni	ng this matter to	the following:	
		itorge	Name of Person	1/F
		DE C	Firm/Company	
	740	iN IC	Address	Suite 242
	<u>()()</u>	Malkh	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	33067 10.000 iotification)
For further infor	mation concerning this m			
_ Jav	Name of Person	<u>Moulf</u>	at (<u>954)</u> <u>695</u> Area Code Day	0 76 6 time Telephone Number
Enclosed is a ch	eck for the following amo	unt:		
⊠ \$25.00 Filin		ng Fee & e 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

FILED 2019 MAR 25 PH 6: 10

DE	G LLC.
(Name of the Lim	nited 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 Feb. 26th 2019 and assigned
Florida document number <u>L190000</u>	19046.
This amendment is submitted to amend the following	llowing:
A. If amending name, enter the new name	of the limited liability company here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:
(Principal office address MUST BE A STRE	TET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on our records, enter the name of the new office address here:
Name of New Registered Agent:	george Makhlat
New Registered Office Address:	George Makhlat 7401 Wiles Road Swite 242 Enter Florida street address
	COTOL SOT MYS., Florida 3307.6

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

Title	Name	Address	Type of Action
MGR	Jamil Makhieuf	@ 7401 Wiles Rd Suite 20	12 2 8.Add
		Colal Springs, FZ 33067	Remove
			Change
	Kntherine zugbi		🗅 Add
			含 -Remove
			Change
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(Itum et Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Marin 2017. 2019.
	Signature of a member or authorized representative of a member
	A mallianiania or a manager or a manager take a far a far a manager or a manager or a manager or a manager or a

Page 3 of 3

Filing Fee: \$25.00