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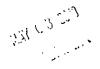
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COVER LETTER

FO:

Registration Section

Division of	[Corporations		
v1:11 11:7 "F	MIAMI CUSTOM AWN	INGS LLC	ۍ
SUBJECT: ,	Name of Lin	nted Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filling.	**: **
Please return all con	respondence concerning this matter	to the following:	•
		ARSLAN, MESUT	e de la companya de La companya de la co
	-	Name of Person	·
•		n/a	
		Firm Company	
	131 S	FEDERAL HIGHWAY suit 527	
		Address	
	J	BOCA RATON, FL 33432	
		City/State and Zip Code mleoarslan@hotmail.com	
	E-mail address; (to be used for future annual report no	tification)
For further informati	ion concerning this matter, please c	all:	
ZEE LAKHA		954 600-7422	
Na	me of Person		ne Telephone Number
	for the following amount:	Massaa ee e	F3 5 40 00 1777 - 15
■ \$25,00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
—-م			
Re Di P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, F1, 32314	STREET/COUR Registration Secti Division of Court Clifton Building 2661 Executive C Tallahassee, FL 3	on orations center Circle

TO ARTICLES OF ORGANIZATION OF

		FOM AWNINGS ELC	,
(Name of the Lin	nited Liability C t.X Florida En	ompany as it now appearated Lability Company)	rs on our records, (
The Articles of Organization for this Limited	Laability Com	npany were filed on <u>03</u>	₹04-2019 gand assigned
Florida document number L190000607	65 		
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: manner must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" are principal offices address, if applicable: M/A ew mailing address, if applicable: N/A N/A		
N/A		<u> </u>	
The new name must be distinguishable and contain the	words "Limited	Liability Company," the o	designation "LLC" or the abbreviation "L L C"
Enter new principal offices address, if appli	icable:	N/A	· ·
(Principal office address MUST BE A STRE	ET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	d/or registero	ed office address on shere:	n our records, <u>enter the name of the r</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Flor	rida street address
			. Florida
		Cuy	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.

The Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR	<u>Name</u> Fathi Solak	<u>Address</u> 131 S FEDERAL HIGHWAY NO 527	Type of Action
	· ·	BOCA RATON, 11, 33432	🖹 Add
			□ Ветюче
			🗆 Change
AMBR	OSMAN TEMUR	131 S FEDERAL HIGHWAY NO 527	•
		BOCA RATON, FL 33432	B Add
			□ Remove
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Filing Fee: \$25.00