49000096456

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COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJE	ECT:	EBINAYA Name of Lim	DESIGNS LLC ited Liability Company	
The en-	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ME	HREEN GUL Name of Person	
			Name of Person	
		EBIN	AYA DESIGNS LL	<u>C</u>
			Firm/Company	
		10022 windir	ng late Rd AP+ 2	01
			Address	
		- Suny	ise, FL, 33351 City/State and Zip Code	
				ATI CA
		E-mail address: (1	AVADESIGNS@GMF to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
	MEHRE	EN GUL	at (<u>954</u>) <u>839 4</u> Area Code Daytime	738
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	e following amount:		
	5.00 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EBINAYA	DESIGNS LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on $4-8$	-19 and assigned
Florida document number <u>L19000096456</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation	n "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	2019 SEC
		AGE AND THE
		R 2
Enter new mailing address, if applicable:		25.
(Mailing address MAY BE A POST OFFICE BOX)		SE S
		. F. 29
		–
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	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
MGR	METREEN GOV		
			□ Remove
			Change
MGR	MEHREEN GUL	10022 winding lake Rd Apt 201, Sunvise, FL,33	23 Add
		Apt 201, Survise, FL,33	<u>351</u> □ Remove
			Change
		-	Add
			Remove
			Change
			D Add
			□ Remove
			🗆 Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			□ Remove
			Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	te date, if other than the date of filing:
the reco	ord 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 _	<u>4-20-19</u> Mul
	Signature of a member or authorized representative of a member MEHREEN GOUL Typed or printed name of signee

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Filing Fee: \$25.00