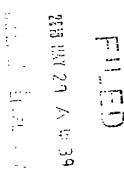
11900V7216

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

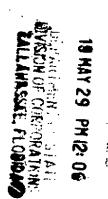
Office Use Only



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D SCOTT MAY 29 2019

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	Musa Name of Limited	Mart L.C. Liability Company	<u></u>	
The enclosed Articles of Ame	endment and fee(s) are submit	ted for filing.		
Please return all corresponde	nce concerning this matter to t	the following:	÷ 5	ج اداد الماد
	2704	Name of Person Musa Mar Firm/Company Danson St Address	<u>.</u>	TIL TO
-	dariushing	City/State and Zip Code Her a pochet male re used for future annual report notification	(om	
For further information conce	erning this matter, please call:			
Name of Per	Hurter	at (LICH) 754- Area Code Daytime Tele	phone Number	
Enclosed is a check for the fo	ollowing amount:		_	
□ \$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy (additional copy is en	atus &

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

O.	1
(Name of the Limited Liability Company	mart LC
(Name of the Limited Liability Comparison (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900107216</u>	were filed on $\frac{4/19/19}{}$ and assigned
Torida document number = 1 000 10 10	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	> J
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2643 Fox Creek Dr E Jackson ville FL 32221
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Finer Florida street address
	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 **Type of Action** <u>Address</u> <u>Name</u> <u>Title</u> _□ Add J Remove ☐ Change Doja Calloway □=Add □ Change رن و OTIS Felton □ Add □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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(If an ef Note:	ive date, if other than the date of filing: 5 26 2019 (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P If the date inserted in this block does not meet the applicable statutory filing requirements, this date winent's effective date on the Department of State's records.	ursuant to 605.02 ill not be listed :
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	the earlier
Dated	5/29/2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00