L19000 160233

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

Office Use Only



000343410080

04/20/20--01035--013 **25.00

C20 APR 20 FIT & UK

٠٠.

Y SHIKEP

COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT. A. | den Halzem, Name of Limited |). I.C. | |
| SUBJECT: | Name of Limited | d Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are submi | tted for filing. | |
| Please return all correspo | ndence concerning this matter to | the following: | |
| | | 4.4 | |
| | Junaid | Name of Person | |
| | | | |
| | Living | Heuse LLC Firm/Company | <u>_</u> |
| | | • | |
| | 1410 Firs. | + Street South, (| Init D |
| | | | |
| | Sacksonville | Beach FL 32152 City/State and Zip Code | > |
| | | be used for future annual report notification) | |
| | E-mail address: (to | be used for future annual report notification) | |
| For further information co | oncerning this matter, please call: | : | |
| Junaid | Ahmed | at (312) 863-963. Area Code Daytime Telephone | ۵ |
| Name o | f Person | Area Code Daytime Telephon | c Number |
| | | | |
| Enclosed is a check for th | ne following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | 660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | s: | Street Address: | |
| Registration S | Section | Registration Section | |
| Division of C P.O. Box 632 | - | Division of Corporation The Centre of Tallahass | |
| Tallahassee, l | FL 32314 | 2415 N. Monroe Street, | Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company were filed on 6 18 20 | and assigned |
|--|---------------------------------------|
| | and assigned |
| Florida document number <u>L19 000 160 233</u> | |
| This amendment is submitted to amend the following: | |
| X. 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 applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered office address on our records, enter the | name of the new register |
| agent and/or the new registered office address here: | APR 20 |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | (B) (B) |
| , Florid | 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 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 | Loving House UC | 7410 First Street Sout | M ■Add |
| | | Unit D | □Remove |
| | | Jacksonville Beach, Fl | '3'2 2 5-0 □Change |
| MGR | Junaid Ahmed | 1410 First Street So | |
| | | Unit D | DRemove |
| | | Inclisonville Beach, F | Change |
| | | | □Add |
| | | | □Rcmove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | · | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------------------------|---|
| _ | |
| _ | |
| _ | |
| _ | |
| _ | |
| _ | |
| - | |
| _ | |
| _ | |
| _ | |
| _ | |
| _ | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| (If an effe | re date, if other than the date of filing: |
| he record ord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| Dated _ | 4/8/2020 |
| | |
| | Signature of a hember or authorized representative of a member |
| | Typed or printed name of signee |