L19000 185362

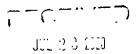
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SEP 11 2020

S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp		1	
SUBJECT:	neraki Ma	stors LLC	:
	Name of Limit	ed Liability Company	,
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	$\frac{112,4}{112}$	an 1/21	
	Merak Motor	Name of Person North 124	h Street Ampa
	FL 33	Firm/Company 6/3 Ste 10	· · · · · · · · · · · · · · · · · · ·
		Address	
		City/State and Zip Code	·
	E-mail address: (t	o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	ili:	
N/20	n Ali	at (5/6) 52 7	32208
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Addres Registration S		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Talichaman, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{8/1/2019}{185362}$ and assigned Florida document number $\frac{19000185362}{1}$ This amendment is submitted to amend the following:

Auth Code 19020 5344810332184988. 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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>	Name	Address /	Type of Action
Mey	NIZOM Ali	523 Nichels Ad Hauppaugeny,	BAdd 11788
	plant from	Remove	
			□Change
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			□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an e <u>Note</u>	tive date, if other than the date of filing:
f the reco	
Dated	$\frac{1}{1/6/2020}$
	Signature of a member or authorized representative of a member
	N12 and Alli
	Typed or printed name of signee

. . .

Filing Fee: \$25.00