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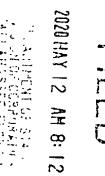
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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JUN 0 1 2020 S. YOUNG

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:		elopment Enterprise LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		Nima Behroozian		
			Name of Person	
		 	Firm/Company	
		900 Biscayne Blvd. Unit 4	702	
			Address	
		Miami, FL, 33132		
		nim 12516\day 12.	City/State and Zip Code	
		nima1354@gmail.com E-mail address: (to be used for future annual report notif	fication)
For further i	nformation co	oncerning this matter, please ca	all:	
Nima Behro	ozian		954 931-5756 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	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)
	iling Address gistration S		Street Address: Registration Sec	ction
Di	vision of C	orporations	Division of Cor	porations
	D. Box 632 Ilahassee, F		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allied Development Enterprise LLC		070
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	920 HAY
The Articles of Organization for this Limited Liability Company	were filed on 7/22/2019	or and assigned 11
Florida document number L19000187786		
This amendment is submitted to amend the following:		1 0 2 2
A. If amending name, enter the new name of the limited liab	oility company here:	
Allied Carrier LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 NW 114 St.	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL, 33167	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, enter the	name of the new registered
agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Name	Address	Type of Action
MGR	MASMOUEI, SALMAN		□Add
		7098 NE 7TH AVE, BOCA RATON, FL. 33487	= Remove
			□Change
MGR	REZAKHANI, NILOUFAR		□ Add
		900 Biscayne Blvd, Unit 4702, Miami, FL. 33167	= Remove
			□Change
			□Add
			□Remove
			□Change
 -			□Add
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			□Remove
			□ Chanve

Page 2 of 3

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(If an e Note:	ive date, if other than the date of filing:
	cord 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.
Dates	5/9/2020
Datet	5/9/2020 AB
	Signature of a member authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00