L19000192451

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
eun ire	SHL BAKU	J COMPANY LLC		
SORTEC	.1:	Name of Line	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		SHAHLA PASHAZADE		
			Name of Person	
		SHL BAKU COMPANY I	LLC	
			Firm/Company	
		73 6TH ST SUITE 205		
			Address	
		MIAMI BEACH, FLORID		
			City/State and Zip Code	
		SNADJAFLI@GMAIL.CO		
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information c	oncerning this matter, please ca	all:	
SHAHL	A PASHAZADI	3	786 593-1636	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	porations
	P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHL BAKU COMPANY LLC		
(Name of the Lim	ited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>ds.</u>)
-	Liability Company were filed on 07/19/2019	and assigned
lorida document number L19000192451	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		77
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		- -
		-
	registered office address on our records, ente	r the name of the new regist
gent and/or the new registered office addre	ess here:	0
Name of New Registered Agent:	SHAHLA PASHAZADE	
New Registered Office Address:	SAME AS BEFORE	
new regimered Office Andress.	Enter Florida street addre	ess
	, F	lorida
	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 FARDI PASHAZADE	731 6TH STREET	□Add	
		SUITE 205	
		MIAMI BEACH, FL 33139	FF. 01
		_	□ Add
			□Remove
			□Change
		□Add	
		□Remove	
			Change
		-	□Remove
		□Change	
		□ Add	
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Note:	ve date, if other than the date of filing:
he recor ord is fi	I 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 ed.
Dated	FEBRUARY 8TH 2021
	- Lew
	Signature of a member or authorized representative of a member
	SHAHLA PASHAZADE
	Typed or printed name of signee

Filing Fee: \$25.00