<u>L19000 215 375</u>

(Re	equestor's Name)
(Ac	ddress)
(Ac	dress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	
(Br	usiness Entity Name)
(De	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only

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10/10/19--01014--015 **25.00





ARTICLES O	F AMENDMENT				
	ТО				
ARTICLES OF	FORGANIZATIO	N ·			
	OF				
		_			
Zuma	na. LL	<u> </u>			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	npany as it now appears on	our records.)			
	ieu Liabinty Company)	1 1			
The Articles of Organization for this Limited Liability Compa	anv were filed on 8	122-19	5	ınd assi	gned
Florida document number <u>L 190002153</u> 7		, ,			~
	-				
This amendment is submitted to amend the following:					
4. If an and increasing an end the new name of the limited 1					
A. If amending name, <u>enter the new name of the limited l</u>	lability company nere:				
The new name must be distinguishable and contain the words "Limited L	iability Company." the design	ation "LEC" or th	e abbrevia	tion "L.I.	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				
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			D.	2019 OCT	
				CT	ង ដូ កាកស
Enter new mailing address, if applicable:			<u> </u>		<u></u>
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>			Č)	-	
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			• -,- 	- ਯੂ-	کو <u>ت</u>
B. If amending the registered agent and/or registered		r records, <u>ent</u>		iame o	f the nev
registered agent and/or the new registered office address h	<u>iere</u> :				
Name of New Registered Agent:			<u> </u>		
New Registered Office Address:	Enter Florida si	reet address	· · ·		
	City	, Florida		Code	<u> </u>
New Registered Agent's Signature, if changing Registered Age	·		2.14		

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mohammed Islam	900 S.W. 150 ave	🗆 Add
		SUPRISE FI 33326	Remove
			Change
MGR	MONIRA Islam	900 S.W. 150 Ove	Add
		SunRise, FI 33300	Remove
			Change
			Add
			C Remove
			Change
			D Add
			🗆 Remove
			□ Change
	_		Add
			🗆 Remove
			Change
			🖸 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated _____ Sta M. Signature of a member or authorized representative of a member Mohamned ISlam Typed or printed name of signee

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Filing Fee: \$25.00