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COVER LETTER

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TO: Registration Se Division of Cor			Port of the state
	BAHN IZ LLC		Se like
SUBJECT:	Name of Limi	ited Liability Company	A STATE OF THE STA
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	IRYNA ZHEBROVSKA		
		Name of Person	
Firm/Company			
1645 WINDSOR OAK CT			
		Address	
	KISSIMMEE/FL 34744		
	EANIVY712@GMAIL CON	City/State and Zip Code	
	FANKY712@GMAIL.COM	to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	-	
IRYNA ZHEBROVSKA		407 864-4480	
Name o	f Person	at () Area Code Daytime T	elephone 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 Address: Registration Section **Division of Corporations** P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LLC AUTOBAHN IZ LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.19000225244	y were filed on 09/05/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Autobahn 7 LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10201 ROCKET CT
(Principal office address MUST BE A STREET ADDRESS)	SUIT #300
	ORLANDO. FL, 32824
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Planta
	, Florida

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:

or remove	ed Itom our records.		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Rепкусе
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fective date, if other than the da n effective date is listed, the date must be	specific and cannot be	e prior to date of filling of	more than yo days after t	iling.) Pursuant to 605.020
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ecord specifies a delayed effective d	ate, but not an effec	tive time, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after the
is filed.				
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