## L19000236558

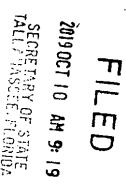
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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## **COVER LETTER**

TO:	Registration Second Division of Corp			
SUBJ	ect: Offic	Sial 51018 L Name of Limi	ted Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Hama	Plolamed Name of Person	
			Firm/Company	
		96AD NW	52 PL Address	
		coral sp.	nugs, FC 33076 CitySate and Zip Code	<u> </u>
		Hawweley E-mail address: (t	med 820000110	OVV . fication)
For fu	rther information co	ncerning this matter, please ca	ıll:	
4	Name of	<u>alamed</u>	at ( <u>C154</u> ) <u>401 0</u> Area Code Daytime	794 e Telephone Number
Enclos	sed is a check for the	following amount:		
<b>Ģ</b> \$2	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 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>L190002365</u> 8	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
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:  Principal office address MUST BE A STREET ADDRESS)	9690 NW 52 Pl Coral springs. Fr 33076
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ZO SECRETA
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter the frame of the lever.
Name of New Registered Agent:	aun Mehmed
New Registered Office Address:	1640 NW 52 PL Enter Florida street address
<u>Coral</u>	Springs, Florida 33076 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	Hanna Helamed	9640 NW 52 Pl Coral springs, Fz 33000	<b>⊠</b> Add
			□ Remove
			Change
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Note:	tive date, if other than the date of filing:
ne re The	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.
Dated	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00