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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: The Big Book of Homes LLC- Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jallaleddin Botshekan DehKordi				
Name of Person				
3773 OVEGLOOK Do.				
Tallahasse, EL 32311  City/State and Zip Code  Jbot-shekan@Comast-net  E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:  5allale ddin BO+SheKan  Dehkordi  Name of Person  Area Code  Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu				

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

The Bij Book of Homes LL 2019 607 17 Pill2: 25

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited E	iability Company were file	don 10/16/20	and assigned
Florida document number			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
The new name must be distinguishable and contain the v	words "Limited Liability Compa	ny," the designation "LLC" or th	e abbreviation "L.L.C "
Enter new principal offices address, if applied	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE		<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of	<del>-</del>	lress on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	Jallaleddin	<u>Rofshekan</u>	DehKordi
New Registered Office Address:			
		Enter Florida street address	
		Florida	Zip Code
	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 Tallateddin	Address	Type of Action	
AMBR	Botshekan Dehkordi	Address 3773 Overlook Dr Tallahasseciel 32311	Add	
			□ Remove	
			Change	
AMBR	Jallal Botshekun	3773 Overlook D	_ □ Add	
		Tallahoissee, Fl 3731	Kemove	
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(If an effo Note:	(optional) dective 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 earlied 90th day after the record is filed.	r of:
Dated	10,17, 2019.	
	Signature of a member or authorized representative of a member  Sallaladin Bot shekan Dehkord  Typed or printed name of signee	, ,
	Jalialeddin Botshekan Dehkord'	

Page 3 of 3

Filing Fee: \$25.00