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# **COVER LETTER**

TO: Registration Section Division of Corp			
SUBJECT: IN	EAS DECED Name of Limi	· LLC-	
Sobster	Name of Limi	ited Liability Company	<del> </del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	NUMA J	Name of Person  JDEAS DEZ  Firm/Company	
	( )	Name of Person	
	Jemo la		ed UC
		Firm/Company	
	2137 1146	ENUDA TER Address	
	ZIZI HACI	Address	
	WESTON	FL 3332	<u> </u>
	1.1.1.	FL 3332 T City/State and Zip Code Core of mail to be used for future annual report notific	
	E-mail address: (1	to be used for future annual report notific	- COM
For further information co	ncerning this matter, please ca		,
Tot farmer information con			
NUMA 6	ONZALA	at (954) 6000	3/5
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	: following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
2 323.55 F Hailg Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 DEAS DELED		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	,	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 29128</u>	were filed on //	25/2019 and assigned
Florida document number <u>219000 29128</u> 1	,	
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2
		920
		AH
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		P . H
	<del></del>	بب معقداً
		., 9
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 registerc
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	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 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
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				□Change
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ord specifies :	a delayed effective da	te, but not an effective time,	at 12:01 a.m. on	the earlier of: (b) The 90	th day afte
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