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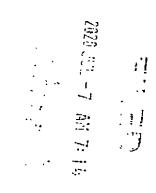
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AUG 1 9 2020 S. YOUNG

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
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		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JULAN MUSTAFA-NAB	ALI	
		Name of Person	
	MUSTAFA LAW FIRM, I	?A.	
		Firm/Company	
	Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  JULAN MUSTAFA-NABALI  Name of Person  MUSTAFA LAW FIRM. P.A.  Firm/Company  4635 VAN DYKE RD.  Address  LUTZ, FL 33558  City/State and Zip Code  JULAN@MUSTAFALAWFIRM.COM  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  Area Code  Name of Person  at (		
		Address	
	LUTZ, FL 33558		
	JULAN@MUSTAFALAW	•	
	E-mail address: (	to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
JULAN MUSTAFA-NA	BALI	727-725-76	500
	<u> </u>	at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		· · · · · · · · · · · · · · · · · · ·	action
		<del>-</del>	
P.O. Box 632			•
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIVE	POI	NT.	CEDA	RТ	$\Gamma C$

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	SAMMER RADWAN	PO BOX 1487, ELFERS, FL 34680	
			Remove
			□Change
AMBR	JULAN MUSTAFA-NABALI	PO BOX 1487, ELFERS, FL 34680	<b>≣</b> Add
			□Remove
			□Change
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fective date, if other than the neffective date is listed, the date m	e date of filing:	ot be prior to date c	f tiling or more than	(optional)	Pursuant to 605 020
ote: If the date inserted in this cument's effective date on the	olock does not meet t	the applicable sta	utory filing requir	ements, this date w	ill not be listed a
eument's effective date on the	Separtment of State (	s records.			
ecord specifies a delayed effect	ive date, but not an e	ffective time, at 1	2:01 a.m. on the e	arlier of: (b) The	90th day after the
is filed.					
JULY 2		)20		1	
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Typed or printed name of signee