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## **COVER LETTER**

TO: Registration S Division of Co			
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SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alber-	Tyauhali	ev_
		Name of Person	
	Takh	a de colle	
		Firm/Company	<del></del>
	3503 W	E 166 57	
	North M.	City/State and Zip Code  Co & Yahoo. Coto be used for future annual report notificall:	FL 33160.
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
Albert Name o	Takhalov	at ( <u>786</u> ) <u>3/5</u> Area Code Daytime	7826 Telephone Number
Enclosed is a check for t	he 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 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	illity Company as it now ida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 2 0 0 0 0 0 0 0</u>	Company were filed	on 12/18/201	19 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability comp	any here:	
The new name must be distinguishable and contain the words "L			
Enter new principal offices address, if applicable:	35	03 NE 166	each F 33160
(Principal office address MUST BE A STREET AD)	DRESS) <u>No</u>	the Miami B	each F 33/60
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	350 Noc	3 NE 166 * Miami B	Street.  each, Fl 33/60
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on		.es
Name of New Registered Agent:	Albert	Takhalor 166 th Stre	2: 2: 32
New Registered Office Address: 3	<u>503 NE</u>	166 42 Stre ter Florida street address	eet.
$\mathcal{A}$	Josth Mian	ner Florida street address  W Beach Florida	33/60 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 Type of Action Address | Title Name MGR Michael Tauhalor \_\_\_\_\_\_ 73-47 193 ST Fresh Meadows, NY 11366 MGR Albert Tauhalor 3503 NE 166 th Street XAdd \_ \_\_\_\_ □Remove (남) Change \_\_ □Add \_\_\_\_\_ □Change □Add \_\_ \_ Remove \_\_\_\_\_ □Change

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Filing Fee: \$25.00