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SECHETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

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COVER LETTER

Division of Corporations		
SUBJECT: FISAIN du XOUT 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:		
Aaliyah Joseph Name of Person		
Firm/Company		
27.55 West Atlantic Blud		
Pompano beach FL, 33069 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	20	SIAN
For further information concerning this matter, please call:	20 JUN 15	CRE LA
Adiyah Joseph at 954 371-3306 Name of Person Area Code Daytime Telephone Number	15 PH	1862 - 1660 187 OF
Enclosed is a check for the following amount:	4 3: 57	STATE
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(additional copy is enclosed) Certified C	of Status &	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 Liability Company Florida document number	were filed on oslo and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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:	5640 Atlantic Ave Apt 303
(Mailing address MAY BE A POST OFFICE BOX)	5640 Atlantic Ave Apt 303 Delray brack FL 33484
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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>	<u>Address</u>	Type of Action
MGR	Jossaint, Ardiyah	4389 SW 10th place Apt 108 deerfield beach FL 33442	□Add
			FRemove
			□Change
MGR	Jacsaint, Jamari	3640 Attantic Are Apt 303 delray both FL, 33484	toxdd
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record specifies is filed	a delayed effect	ive date, but	not an effecti	ve time, at 1	2:01 a.m. on	the earlier of:	(b) The 90th	day after the
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	0	Signature o	f a member or	authorized re	presentative of	a member		<u>_</u>
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