L20000 47740

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

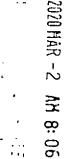
Office Use Only



700341175187

03 (33/30-+61307+-903) ++3F. 19

S TALLENT MAR 24 2020





Knay

COVER LETTER

TO:	Registration Section Division of Corporations
enib ic	SALMA ISMAIL LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	PABLO RODRIGUEZ
	Name of Person
	BEST QUICK TAX RETURNS INC
	Firm/Company
	320 SOUTH BUMBY AVE
	Address
	ORLANDO FL 32803
	City/State and Zip Code
	BQITR@MSN.COM
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
PA	BLO A RODRIGUEZ 407,896-7921
	Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited I Florida document number L200004774	Liability Company were filed on	02/10/2020 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>y here</u> :
The new name must be distinguishable and end with the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	2020 HAR
	-	70- 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the nev
Name of New Registered Agent:	SALMA ISMAIL	
New Registered Office Address:	10925 MOSS PARI	K RD 714
New Registered Office Address.	Enter	Florida street address
	ORLANDO	Florida 32832
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SALMA ISMAIL LLC

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			Remove	
		<u></u>		
			Add	
			Remove	
			☐ Remove	
			Add	
			☐ Remove	
		 	Add	
			☐ Remove	
				
			Add	
			Remove	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
Dated FEBRUARY 27 2020
Signature of a member or authorized representative of a member
SALMA ISMAIL

ALIVIA IOIVIAIL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00