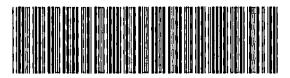
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COVER LETTER

TO: Registration S Division of Co	Section prporations		
SUBJECT:	Pane of Lin	mited Liability Company	- *
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
	Niheshia	Name of Person	
		Firm/Company	
	2030 NW	674h 5+ 5-10 Address	1
	MIANI F	City/State and Zip Code CICICATION OCMOUL to be used for future annual report notif	com
or further information ed	oncerning this matter, please ca		ication)
Mame of		at (186) 865-1 Area Code Daytime	Telephone Number
losed is a check for the	e 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)

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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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

		Or	₹-•	سميدال
SAUCG.	101	110	2021 JAH 22	A& 7

(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 were filed on MARCH 02.2020 and assigned Florida document number <u>L2000007677</u>. 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) nter new mailing address, if applicable: **1ailing address MAY BE A POST OFFICE BOX)** If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

gistered Agent's Signature, if changing Registered Agent:

y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ms of all statutes relative to the proper and complete performance of my duties, and I am familiar with and he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ed to merely reflect a change in the registered office address, I hereby confirm that the limited liability has been notified in writing of this change.

City

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 = M AMBR = A	lanager authorized Member	to the state of th	
<u>Title</u>	Name	Address 2021 JAN 22 AM 7: 1.2	Type of Action
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effective date is: e: If the date i	other than the date of filing:	:07 as 1
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/	V. Hishia U	
	Signature of a member or authorized representative of a member	
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