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COVER LETTER

Division of Co			.5	.
ℰ SARSOUR			الإي	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Basil Sarsour			
		Name of Person		
		Firm/Company		
	81 NW 85th Terr APT 230			
		Address		
	PLANTATION, FL 33324			
	sarsourus@gmail.com	City/State and Zip Code		
		to be used for future annual rep	ort notification	on)
For further information of	concerning this matter, please c	all:		
Basil Sarsour		954 3991(at ()		
Name o	of Person	at () Area Code	Daytime Telo	ephone 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 radditional copy is enclosed.
Mailing Addre		Street Addi Ragistrati	ress: on Section	n
Registration Division of C			of Corpora	
DIVISION OF	Sorporacións	12111010111	ar corpore	20107110

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARSOUR LLC		
(Name of the Limited	Liability Company as it now appears on our records v Florida Limited Liability Company)	<u>F</u>]
The Articles of Organization for this Limited Liab	bility Company were filed on 04/13/2020	and assigned
Florida document number 1.20000101406		∧ a .
This amendment is submitted to amend the follow	ving:	2020 APR 27
A. If amending name, enter the new name of t	he limited liability company here:	27
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	· · ·
Enter new principal offices address, if applicat	ble:	<u></u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:		the name of the new registered
Nove Device and Office Addresses		
New Registered Office Address:		
	Enter Florida street addres:	S
		s orida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR BASIL SARSOUR	811 NW 85TH TERR	= Add	
		APT 2301	□Remove
		PLANTATION, FL 33324	
			□Add
			□Remove
			
			□Remove
			Change
			□Remove
		□ Change	
			□Add
		□Remove	
		Change	
		🗆 🗖 Add	
		Remove	
			□Change

Effective date, if other than the date of filing: (optional) If an effective date, if some than 90 days after filing, Pursuant to 605,020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of, (b). The 90th day after the rid is filed. Dated APRIL 20 2020 Signature of a member or authorized representative of a member.		
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Filing Fee: \$25.00