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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	ст: <u>We</u> S	Name of Limi	ited Liability Company	
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please 1	eturn all correspond	dence concerning this matter t	to the following:	
		Rahim	Kapadia Name of Person	
		Weship	Firm/Company	-
		305 Dr.	Martin Luther King	jr st s # 1102
		St. Petersburg	PL 33705 City/State and Zip Code	
		admin@UX	o be used for future annual report notificat	ion)
For furt	her information cor	neerning this matter, please ca	ill:	
Ba	him Ka	padia	at (UFD) <u>USU - U</u> Area Code Daytime Te	2374 Jephone Number
Enclose	d is a check for the	following amount:		
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Fiting 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on $05/08/3$	A () O and assigned
Florida document number <u>L2000125411e</u>		•
This amendment is submitted to amend the following:		F1L 3007 23
A. If amending name, enter the new name of the limited	liability company here:	FILED 2020 OCT 23 PM
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1128 94th Aven St. Peterslang	PL 33702
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da

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>	Address	Type of Action
MGR	Billy Kay Kapadia	1812 Sunset Paint Rd Apt	-PXAdd
		Clearwater FL 33765	Remove
AMBR	Rahim Kapadia	305 Dr. MLK Jr St 5. St. Petersburg Pl 3370	200
		St. Petersburg PL 3370	Remove
			Change
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