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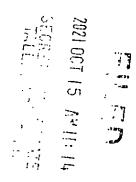
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: <u>£2</u>	D ANS 55/	n CONSULTING ited Liability Company	LL C	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		BT S//OUSHAN Name of Person		
	F2:5	Firm/Company		
	<u> </u>	ALTON ROAD Address		
	MIAMI	BEACH, FL 33.	140	
	E-mail address: (to be used for future annual report notific	ration)	
For further information of	concerning this matter, please c	all:	Telephone Number	~ ~ ~
Name o	of Person	at ()	Telephone Number	
Enclosed is a check for t	he following amount:			j
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre	<u>ss:</u>	Street Address:		

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

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

BID AN	bility Company as it now appears on our records.) rida Limited Liability Company)
(Name of the Limited Lia (A Flo	rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L200003914</u> .	y Company were filed on 12-15-20 and assigned 50.
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	DRESS) MIAMI BEACH FL 33140
(Principal office address MUST BE A STREET AD	DRESS) MILAMI BEACH, FL 33140
Enter new mailing address, if applicable: **Mailing address MAY BE A POST OFFICE BOX**)	5315 ALTON RUALS MINIT BEAUX, FL 33140
agent and/or the new registered office address her	
New Registered Office Address:	KOBZ Y SHOUSTAN SE S 5315 ALTON ROAD ST S Enter Florida street address MZANZ BEACH Florida 33/40 S City Zip Code: 5
New Registered Agent's Signature, if changing Register	prince and the second s
provisions of all statutes relative to the proper and accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or if this document is served office address, I hereby confirm that the limited liability ge. 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
AMBR	MARVIN NEUMAN	19275 BISCAYNE BL.	□Add
		AVENTURA, FL 3318U	Remove
			\ \ \ \ Change
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