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## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

BJECT: Eastern tag & Title LLC Name of Limited Liability Company
e enclosed Articles of Amendment and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:
Abu SufiyAN Name of Person
Abu SufiyAN  Name of Person  Eavtern Tag & JiHe LLC  Firm/Company
3214 W Browald Blud
Fort Lauderdale, Fr. 33312  City/State and Zip Code
Haanie A @gmail·com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:
Abu SufiyAN  at (954) 790 - 2911  Name of Person  at (954) Area Code Daytime Telephone Number
closed is a check for the following amount:
\$25.00 Filing Fee Solutional copy is enclosed Solutional copy is enclosed.  \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (radditional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 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>	Name	Address	Type of Action
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ctive date, if other than the date of filing: DE   ZI   Z   E   effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable stament's effective date on the Department of State's records.	or mag or more than 70 days after things, it disdant to oc
ord specifies a delayed effective date, but not an effective time, at filed.	12:01 a.m. on the earlier of: (b) The 90th day aft
ed 06/21/2021	
Signature of a member of authorized re	

Filing Fee: \$25.00