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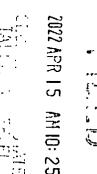
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## **COVER LETTER**

	HERRADI REALTY, LLC		,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KARIM LAVOIE CHERE	ADI	
		Name of Person	
	KARIM CHERRADI REA	ALTY, LLC	
	<del></del>	Firm/Company	
	3700 HAMILTON KEY		
		Address	
	WEST PALM BEACH, F	. 33411	
		City/State and Zip Code	
	KCSELLSFLORIDA@GM		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
KARIM CHERRADI		561 501-9065 at ()	
Name e	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Sc	ection
Division of C	'ornorations	Division of Co	rnorations

Division of Corporations P.O. Box 6327

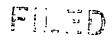
TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KARIM CHERRADI REALTY, LLC

2022 AFR 15 AH 10: 25

(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)  Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <a href="L21000022184">L21000022184</a>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
KARIM CHERRADI, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	250 S AUSTRALIAN AVE, SUITE #1107	
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33401	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	3700 HAMILTON KEY  WEST PALM BEACH, FL 33411  address on our records, enter the name of the new regist	
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and	
being filed to merely reflect a change in the registered office company has been notified in writing of this change.		
If Cha	nging 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
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			□Remove
		<del></del>	☐ Change
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fective	e date, if other than the date of filing: (optional)
an effec ote:     If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	t's effective date on the Department of State's records.
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
is filed	L.
لمدد	Afril 11 2022
ated _	

Filing Fee: \$25.00

Typed or printed name of signee