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PICK-UP	WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

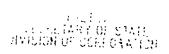
TO: Registration Section Division of Corporations	,
SUBJECT: Add Durset F&A Macina 11 C Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Amina Sette Name of Person	
Firm/Company	
6917 Sec Corol Dr Apt 236	
City/State and Zip Code  Factoric Kthir. (a) cym ail com E-mail address: (to be used for luture annual report notification)	<del>_</del>
Factoria Kthiri (a) comail com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Fordoug KTR-C: at (104) 373 4446 Name of Person Area Code Daytime Telephone N	umber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Address:  Street Address:  Pavietestion Section	
Registration Section Registration Section Division of Corporations Division of Corporations	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ESA Merina ILC		21 APK 12 PH 4: 21
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on o la Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (	Company were filed on	0 7/2021 and assigned
lorida document number <u>L_20000_2_3_8_2</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADD</u>	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our record :	is, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	City	Zip Code

## 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		. E. J. E PART GENERAL MINISTER GOOD OF ALL	
<u>Title</u>	<u>Name</u>	Address 21 APR 12 PM 4: 21	Type of Action
MGR/ Amina Sette		6917 Sec Cord Dr. Apt ?	36_12/Add
Owner		Orlundo, FL, 32821	□Remove
			□ Change
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-		Signature of a me	niber or authorize	ed representative of	of a men	iber		
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