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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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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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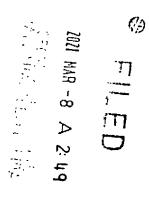
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COVER LETTER

TO:

Registration Section

Division of Corporations	,
SUBJECT: Kameel Jiwa UC Name of Limited Liability	v.Company
Traine or Diffice Liability	y Company
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	rwing:
<u>Kameel Jiwa</u>	e of Person
Kameel Jiwa	/Company
3000 NE 2nd An	Je, Apt 642.
Miami, Florida City/State	33137 and Zip Code
E-mail addrest: (to be used to	
For further information concerning this matter, please call:	
Kameel Tiwa at (305) 333-864年 臺 T
Enclosed is a check for the following amount:	8
Certificate of Status Certi	0 Filing Fee & S60.00 Filing Fee. Since Copy 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

Kameel Jiwa, L	LC
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L2100037797</u>	ed on <u>CI/H/2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2021
D. If and the state of the stat	-8
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	n our records, enter the name of the new registered
	7. D
Name of New Registered Agent:	
New Registered Office Address:	
	inter 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 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 heing 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>	<u>Name</u>	Address	Type of Action
MGR	Kameel Jiwa	3000 NE Znd Ave, Apt 647 Miami, FL 33137:	⊠Ádd
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effort	
Note:	ive date, if other than the date of filing:
e record rd is fil	d 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 ed.
Dated _.	March 2nd 12071
	Limited
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00