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COVER LETTER

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TO: Registration Sec Division of Corp				
SUBJECT: D'3	SHAUL			
SUBJECT:		ed Liability Company	<u>. </u>	
The enclosed Articles of A	mendinent and fee(s) are subm	itted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	SHAYL (_
	D.T. c	Name of Person		
	D3 2	HAUL Firm/Company		_
	4126 INVER	2ARY BIVE	x #2504	
	LAUDERHIL	-L FL	33319	_
	Shaulautkin E-mail didress: (to	be used for future annual	report notification)	
For further information co	ncerning this matter, please call			
Shaul 6	OTLIN	at (954)	701-1620	<u></u>
Name of	Person	Area Code	Daytime Telephone Numb	er
Enclosed is a check for the	: following amount:			
12 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certific closed) Certific	cate of Status & (7) ed Copy (5) nat copy is inclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Division The Ce 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite assee, FL 32303	-8 A ID: 39

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U) 584			<u>. </u>
(<u>Name of the Limite</u>)	Liability Company as it now appears of Florida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Lia	oility Company were filed on(and assigned
This amendment is submitted to amend the follow	/ing:		
Articles of Organization for this Limited Liability Company were filed on			
The new name must be distinguishable and contain the wo	ds "Limited Liability Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ole:		
• • •			
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
	•		
Name of New Registered Agent:	Shay/ GOTKI	~	\odot
New Registered Office Address:	4126 INVERRAR	y Bivo	井建り
	Enter Florido	aktreet address	12 12 12 12 12 12 12 12 12 12 12 12 12 1
	LAUDERHILL TO	<u>'-</u> , Florida _	33319
	City		Zip Code . !
New Registered Agent's Signature, if changing Ro	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registered.	agent and agree to act in this ca and complete performance of m	pacity. I further ag ly duties, and I am	gree wcomply with the familiar with and

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
MGR	SHAUL GOTKIN	4126 INVARLARY BIND	DV.da
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
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ffective date	if other than	the date of f	filing:				(optio	nal)	
an effective date ote: If the da	is listed, the date to inserted in thi	must be specifi s block does :	c and cannot not meet the	: be prior to d e applicable	late of filing of e statutory f	or more than 9 Iling require	00 days after f ements, this	iling.) Pursuant date will not	to 605,020 be listed a
ocument's effi	ective date on the	e Department	of State's	records.		B - 		2021	G)
								21 A	. "
record specific is filed.	s a delayed effe	ctive date, bu	t not an effe	ective time.	. at 12:01 a.	m, on the ea	rlier of: (b)	The 90th da	ıy aft er.th e
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		Signature	of a member	r or authorize	ed representa	live of a men	iner		