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	(Requestor's Name)
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 "	(City/State/Zip/Phone #)
☐ PICK-J-	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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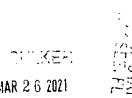
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shaki	of Limited Liability Company
, varie	Division of Corporations Division of Corporations Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: The Amendment and fee(s) are submitted for filing. The Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Alha	Name of Person
Shal	ti Eaterbrise 2110
	Address
C168)	(view, F1-32539
	City/State and Zip Code
O K O W	address: (to be used for future annual report notification)
ahamad meman	V887 929 2864
	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	tatus Certified Copy Certificate of Status & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Enter Florida street address

Florida City Sip 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

<u>Title</u>	Name	Address	Type of Action
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Effective date if a	other than the date of f	filing:		(optional)	
If an effective date is l	other than the date of f isted, the date must be specifi	c and cannot be prior to dat	te of filing or more than 90	days after filing.) Pursuant to	o 605.020 e listed a
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ne record specifies a	delayed effective date, bu	a not an effective time, a	nt 12:01 a.m. on the ear	lier of: (b) The 90th day	after the
ord is filed.					
Dated					
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	Signature	of a member or authorized	I representative of a mem	per	_
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