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"IALLA : LOSEE, SLORIDA TIZE TONET TO SECURITION OF THE

COVER LETTER

TO: Registration Section Division of Corporations	,
subject: Rosster Lan	1 LC
SUBJECT: No.	ame of Limited Liability Company
The enclosed Articles of Amendment and feet	(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
A	laa O Daraldik Name of Person
	Name of Person
	Rooster Lane
	Pooster Lane Firm/Company
	131 :/ 01
3`	434 Thomas ville Rel Address
-10	City/State and Zip Code Ster lune 11c @ gma(1. com
	City/State and Zip Code
(OE	ster luvelle @ gmail. com
E-ma	il address: (to be used for future annual report notification)
For further information concerning this matte	er, please call:
M- > 44	
Alam Daraldik	at (850) 405 - 0676 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	t:
\$\\$\\$25.00 \text{ Filing Fee} \\$30.00 \text{ Filing Certificate o}	
<u>Mailing Address:</u> Registration Section	<u>Street Address:</u> Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUED

2021 DEC 14 PH 2: 3

Rooster Lane	. UC	SECRETARY of a
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	TATE OF THE PARTY
The Articles of Organization for this Limited Lia	ability Company were filed on 2/4/2021	and assigned
Florida document number <u>L2100056</u>	773	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the na</u> s here:	me of the new registered
Name of New Registered Agent:	Alaa O. Daraldik	
New Registered Office Address:	2308 Dillon Ct, Tallakasse Enter Florida street address	eFL, 32312
	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 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 = A	uthorized Member		
Title	Name	Address	Type of Action
MGR	Lehalid Mahmood	2508 Prest Ct.	🗆 Add
		2508 Prest Ct. Tallahassee FL, 32301	X Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
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		·	
			□Add
			□Remove

☐ Change

_____ □Remove

______ Change

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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of $\underline{\mathbf{e}}$: If the date inserted in this block does not meet the applicable state.	
ament's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 1 filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
ed 12/14/21	
11	
Signature of a member or authorized re	
Alaa O Davaldik Typed or printed name	presentative of a member

Filing Fee: \$25.00