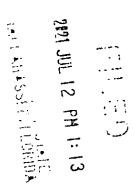


(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only





COVER LETTER

Registration Section
Division of Corporations

TO:

	'S HOLDINGS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALI MATALLAH		
		Name of Person	
	UNCLE J'S HOLDINGS I	LLC	
		Firm/Company	
	11842 WHISPER CREEK	DR.	
		Address	.
	RIVERVIEW, FL 33569		
		City/State and Zip Code	
	ALIMATALLAH@YAHO		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
ALEMATALLAH		813 816-5415 at()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Control The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	DOM	12	HC	HOL	DINGS	1.1	\sim
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on 05/03/20)21	_ and assigned
Florida document number L21000204460	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
			desirent L.C.
The new name must be distinguishable and contain the words "Limi	ited Liability Company, the designa	tion LLC or the abore	viation L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		~
		, in the second	29
		* 90 + 	
Enter new mailing address, if applicable:	<u></u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			70 , 11
		70 Y	
B. If amending the registered agent and/or registered	office address on our record		f the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:		···-	
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my a tent as provided for in Chapt	luties, and I am fam er 605, F.S. Or, if t	iliar with and his document is

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>	<u>Address</u>	Type of Action
MGR	RACHID ELGHAZAOUI	11842 WHISPER CREEK DRIVE	□ Add
		RIVERVIEW, FL 33569	■Remove
			□Change
MGR	SARAH J DOUGRAM	11842 WHISPER CREEK DRIVE	■Add
		RIVERVIEW, FL 33569	Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove Change
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ective da	ite, if other than	the date of f	iling:				_ (option:	al)		
effective	date is listed, the date date inserted in th	e must be specific	e and cannot	be prior to da	te of filing or i statutory fili	more than 90 da	ays after fil	ing.) Pursi	uant to 60 tot be lis	05.020° sted as
ument's	effective date on th	he Department	of State's r	ecords.	,	3 1	,			
cord spec s filed.	ifies a delayed eff	ective date, but	not an effe	ctive time,	at 12:01 a.m.	on the earlie	r of: (b)	The 90th	ı day aft	er the
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