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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Section Division of Corporation					
SUBJE	CT: Palla	rdiam Cons	truction_		· 2	
	•	Name of Limite	d Liability Company		022 OC	
The enc	losed Articles of An	nendment and fee(s) are subm	itted for filing.	A: A: (*)	1 20	Same of the same o
Please r	eturn all correspond	ence concerning this matter to	the following:	<u>्र</u> ज	M 10:	Transition of the second
		Ash Kan	AShrafi Name of Person		IO: II	لي
		Pallad	Firm/Company	action		
		2598 E Sun	rise 151Vd Su Address	uit 2104		
		Fort Lauder	City/State and Zip Code	304		
		Info (a) Pal E-mail address: (to	o be used for future annual report no	tification)		
For fur	ther information cor	ncerning this matter, please ca	II:			
_6	Shkan A Name of	Shraf,	at (954) 899 Area Code Daytii	2329 mc Telephone Number	_	
Enclos	ed is a check for the	following amount:		/		
□ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of Certified Copy (additional copy)	Status & y	

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 ARTICLES OF ORGANIZATION (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _________________________________ and assigned Florida document number 121000239490 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Fort Laudera Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Tandardale B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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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If an effective Note: If the document' e record spord is filed.	e date is listed, the date must be specific date inserted in this block does a effective date on the Department	ic and cannot be prior not meet the appli t of State's record at not an effective	or to date of filing or i icable statutory fili s. time, at 12:01 a.m.	nore than 90 days after ng requirements, thi	tiling.) Pursuan s date will not	be listed as