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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations			
CLUB LE CT	1	٠	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ainires	n Muhamma Name of Person	4
		Hramuha Firm/Company	
		Firm/Company	
	Tro F.	Highland Ave #	79
	1000	Address	
	Clesin	ont F1 3471 City/State and Zip Code	<u>(</u>
		-	
	E-mail address:	NACO CÓWY to be used for future annual report notif	fication)
For further information cor	neerning this matter, please ca	·	
Amired P	Wisha armad	at (35) \ 277.	7591.
Name of I	Person	at (352) 277. Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
	_	C SEE OO E'U. E o	□ * <0.00 T***
□ \$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 Address:		Street Address:	
Registration Se	ction	Registration Sec	etion
Division of Co	rporations	Division of Corp	porations
P.O. Box 6327 Tallahassee, FI	32314	The Centre of T	allahassee e Street, Suite 810
rananassee, i i	דו עבע כ	Tallahassee, FL	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 JUN 14 PM 3:50 (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 Company were filed on Organization for this Company were filed on Orga Florida document number L 21006 26 2061 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 "L.I.C" or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

The second secon

<u>Title</u>	<u>Name</u>	Address 21 JUNIA PM 3:5049 HOOE, Highland Avery	Type of Action
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ffecti	ve date, if other than the date of filing: (optional)
an cili	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
	and on the Department of State Steeding.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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oated_	June 11 , 7021.
	Signature of a member or authorized representative of a member
	charles (1111 mg)
	Signature of a member or authorized representative of a member
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	Amirah Muhaninad Typed or printed name of signee
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