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C. BRUMBLEY

## **COVER LETTER**

**Division of Corporations** RESEARCH WARRANT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ahmad Taher Name of Person Firm/Company 3396 SW 49th St Address Fort Lauderdale, Florida 33312 City/State and Zip Code taher.ahmad5@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ahmad Taher Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & **■ \$25.00** Filing Fee □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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 TO ARTICLES OF ORGANIZATION OF

Research Warrant	
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)
he Articles of Organization for this Limited Liability Company were lorida document number <u>L21000314090</u> .	filed on July 9th 2021 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability c	ompany here:
ne new name must be distinguishable and contain the words "Limited Liability Cor	mpany," the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<del></del>
Principal office address MUST BE A STREET ADDRESS)	
	20
nter new mailing address, if applicable:	22 F
Aailing address MAY BE A POST OFFICE BOX)	B 1
	8 1
<del></del>	% P 11
. If amending the registered agent and/or registered office addre	
ent and/or the new registered office address here:	35
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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>	<u>Name</u>	Address	Type of Action
AMBR	Justin Vieth	3396 SW 49TH ST Fort Lauderdale Florida 33312	<b>=</b> Add
			□Remove
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ffective date, if other than the data an effective date is listed, the date must be vote: If the date inserted in this block ocument's effective date on the Department.	k does not meet the appli	icable statutory filing	( <b>option:</b> re than 90 days after fili requirements, this da	d) ng.) Pursuant to 605,020; ite will not be listed as
record specifies a delayed effective d l is filed.			n the earlier of: (b)	The 90th day after the
ated	2022	,		
	Ahmad	l Taker		
	gnature of a member or aut		of a member	,