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2021 FEB 25 AM 9: 39
SECRETARY OF STATE

A. BUTLER MAR - 4 2022

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		ITE STEAMERS LLC		
SUDJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Amanda J. Beren		
			Name of Person	
			Firm/Company	
		31416 Agoura Rd., Ste. 118	3	
		*	Address	
		Westlake Village, CA 9136	il .	
			City/State and Zip Code	
		filings@corpnet.com		
		E-mail address: (to	be used for future annual report notifi	cation)
For further in	formation ec	oncerning this matter, please ca	II:	
Amanda J. B	Seren		888 449-2638	
<u> </u>	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FILED

2021 FEB 25 AM 9: 39

MIAMI ELITE STEAMERS LLC

STEAMERS LLC
SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records) ASSEE, FL
(A Florida Limited Liability Company)

	ability Company were filed on 08/10/2021	and assigned
Florida document number L21000358777		
This amendment is submitted to amend the follow	wing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" of	or the abbreviation "LLC."
Enter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
Mailing address MAY BE A POST OFFICE B	<u></u>	
	r registered office address on our records.	enter the name of the
3. If amending the registered agent and/or	r registered office address on our records.	enter the name of the
. If amending the registered agent and/or	r registered office address on our records.	enter the name of the
i. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	r registered office address on our records.	enter the name of the
3. If amending the registered agent and/or egistered agent and/or the new registered office	r registered office address on our records.	enter the name of the
3. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	r registered office address on our records, ce address here:	

N

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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Rachid Hirouf	2900 NE 2ND AVE, APT 559	
			B Add
	ï	MIAMI, FL 33137-4771	□ Remove
			Add
			Remove
			Change
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Effectiv	e date, if other that	n the date of filing	: .		(ontional)	
fan effec	e date, if other than tive date is listed, the date the date inserted in the	te must be specific and a	cannot be prior to a	late of filing or more th	ian 90 days after filing.)	Pursuant to 605,0207
documei	it's effective date on i	he Department of St	ate's records.	statutory ming req	uirements, inis date v	vill not be listed as
The 9	rd specifies a delo Oth day after the	ayed effective da record is filed.	ate, but not a	n effective time	, at 12:01 a.m. c	in the earlier of
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Typed or printed name of signee

Filing Fee: \$25.00