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COVER LETTER

TO:	Registration Section Division of Corpo			
SUBJE	ct: Jasmin	Selling Tam Name of Limit	pa Bay LLC ted Liability Company	
The enc	losed Articles of Ar	nendment and fec(s) are subr	mitted for filing.	
Please r	eturn all correspond	lence concerning this matter t	to the following:	
		Jasmin Avir	Name of Person	
		Jamin selvin	g Tampa Bay L Firm/Company	LC
		4028 J. Wes-	+ Shore Blud Address	
		Tampa FZ	33411	
			City/State and Zip Code Celling tampa. US to be used for future annual report notif	
		E-mail address: (t	to be used for future annual report notif	ication)
For furt	her information cor	cerning this matter, please ca	all:	
, },	asmin A	ińa	at (513 - 94 Area Code Daytime	192
	Name of F		Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$ 23	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)

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 TO ARTICLES OF ORGANIZATION OF

Jasmin Jelling Tai	mpa pay llc	
Jasmin Jelling Tai (Name of the Limited Liabil (A Florid	lity Company as it now appears of la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L 21 000 394 64</u>	Company were filed on 9	3 21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin Osmin Avina / LLC The new name must be distinguishable and contain the words "Lin		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	P Pl	ı street address
	Enter Florida	
	City	, Florida
	Cuy	Zip Cone

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
			□Add
			□Remove
		☐ Change	
			□Add
			□Remove
			□Change
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			□ Remove
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an eff lote:	ve date, if other than the date of filing:
recor i is fil	d 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 led.
ated	September 27, 2021.
	A -
	September 27 2021 Jasmin Avina Typed or printed name of signee