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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Copies Certificates of Status Instructions to Filing Officer:	
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
	MOVE Exame	Martlic	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Mian	Ashraf Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	·.
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ill:	·
		at ()	<u> </u>
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
لله عند 5.00 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)
<u>Mailing Addre</u> Registration Division of O	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 63		The Centre of T	`ailahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camp	15 Expra	CSS MUR	+ LLC	
(Name of the Litting)	d Liability Company as A Florida Limited Liabil	ity Company)	\	
The Articles of Organization for this Limited Lia Florida document number	bility Company were	e filed on	13/207/	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability C	ompany," the designatio	n "LLC" or the abbrevi	ntion "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			02110
•	_			<u> </u>
				9
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE E	<u> </u>			
	_			21
B. If amending the registered agent and/or reagent and/or the new registered office address		ress on our records	enter the name of	the new registere
Name of New Registered Agent:	· .	^		· .
New Registered Office Address:				
		Enter Florida stre	et address	
			, Florida	
		City	,	Zip Code

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
MGR	Mian Ashrar	1206 Smake rise in Tallar	re pyqq
		32311	□Remove
			Change
			DAdd
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<u>ste:</u> If	e date, if other than the date of filing:	.020° ed as
ecord s is tiled	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ited	10/19/2021	
	Signature of a member or authorized representative of a member	
	Mian Ashrof	