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COVER LETTER

TO: Registration Sec Division of Corp			
SURJECT:	Iman Industria	o llc	
.,	Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Jordan	Aman Name of Person	
		Name of Person	
	Aman	Industries 11c	
	3467	Pine haven Cir	·cle
	B. ca R	City/State and Zip Code man 1276 gmail. (o be used for future annual report notifi	431
	7.	City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co		
Jorde	Ann	at (5(1)) 213	-4118
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for ti	ne following amount:		
☆ \$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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	
Division of C	Corporations	Division of Corp The Centre of T	
P.O. Box 632 Tallahassee,			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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-		INDUSTRIES	Stoke MRY OF STATE
(Nan	te of the Limited Liab	oility Company as it now appears on our records.)	TEMMASSEE, FLORES

The Articles of Organization for this Limited Liability Company of Florida document number <u>L220001687</u> .53	were filed on	107 12022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design	ation "LLC" or the abbreviation "L.L.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 agent and/or the new registered office address here:	address on our recor	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida .	street address
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agents I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this cap performance of my provided for in Cha	pacity. I further agree to comply with the duties, and I am familiar with and apter 605, F.S. Or, if this document is

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 Type of Action Title <u>Address</u> Name Joidan Aman 3467 Pine Haven Circle DEAdd Boca Rator FL 33431 Remove _____ □ Change AMBR Jordan Aman 3467 Pine Heven circle MAdd Boca Ration FL 33431 - Remove Change □Add _____ □Remove □Change ___ □Remove _____ □Change □Remove

_____ □Remove

							
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Note: If th	ate, if other than date is listed, the date e date inserted in the effective date on the	is block does no	ot meet the applicab	date of filing or mor le statutory filing	(option	onal) filing.) Pursuant to 60. date will not be lis	5.020 ted a
he record spe ord is filed.	cifics a delayed eff	ective date, but	not an effective tim	e, at 12:01 a.m. or	the earlier of: (b) The 90th day after	er the
Dated			2.022				
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