L22000277116

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TALLAHV SSEET FLORIDA

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COVER LETTER

	Registration Se Division of Cor			
CHBIE	PLO 52 LL			
SOBJEC	CT:	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		SEYED VAHID HOSSEI	NI	
			Name of Person	
			Firm/Company	
		P.O.BOX. 100296		
			Address	
		PALM BAY, FL 32910		
			City/State and Zip Code	
		PALMBAYLOT@GMAIL		
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
SEYED	HOSSEINI		321 220-4477 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	oction
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632	.7	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

=1

PLO 52 LLC		022 JUL 18
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000277116 This amendment is submitted to amend the following:		and assigned ATT 1 05
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3251 W. NEW HAVEN AVE , WEST	MELBOURNE .FL 32
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3251 W. NEW HAVEN AVE . WEST	MELBOURNE .FL 32
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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 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>	<u>Name</u>	Address	Type of Action
MGR	JEFFREY TOMLINSON	3251 W. NEW HAVEN AVE . WEST MELBO	URNE <u>≡</u> Add
			□Remove
			□Change
			🗀 Add
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fective date, if other than an effective date is listed, the date ote: If the date inserted in thi ocument's effective date on the	is block does not meet the	applicable statutory filing	(optional) re than 90 days after filing.) I requirements, this date w	Pursuant to 605.02 fill not be listed
reard specifies a delayed effe	ective date, but not an effec	etive time, at 12:01 a.m. or	n the earlier of: (b) The	E.
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is filed.	15.			masser.
is filed. ated <u>0 + (14</u>	Hart hasse	or authorized representative of	of a member	