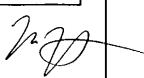
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT:	Adilid H	Oldings LLC	<u>.                                    </u>		
The enclosed Articles of A	amendment and fee(s) are sub	emitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Jo 2499 	Address  Address  City/State and Zip Code	106 B 33431	SECRETARY OF STATE SECRETARY OF STATE TA LAUASSEF, FLOORDA	
	accounting E-mail address:	@ Profix pm. Com to be used for future lannual report notif	ication)		
For further information con	neerning this matter, please c		,		
Joseph Name of	Sayegh	at (56) 703 - 6 Area Code Dayting	14 > 8 Telephone Number		
Enclosed is a check for the	following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &	
Mailing Address:		Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Adil	ind Ho	oldings	LLC		
(Name of the Limited (A	Liability Company as it Florida Limited Liability	t new appears ∳n out / Company)	records.)		
The Articles of Organization for this Limited Liab		filed on $\frac{7}{8}$	1 2022	· and assig	ṃed
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liability c	ompany here:			
The new name must be distinguishable and contain the word	Is "Limited Liability Cor	npany," the designation	on "LLC" or the ab	breviation "L.L	.C."
Enter new principal offices address, if applicab	le:				
Principal office address MUST BE A STREET.	ADDRESS)		<del></del>	1 03 20 03 1700 189	
				EGRETA:	77.00
Enter new mailing address, if applicable:				<u> </u>	<u> </u>
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>			1-00	- 1
B. If amending the registered agent and/or reg agent and/or the new registered office address i		ss on our records	, enter the nan	e of the new	registered
Name of New Registered Agent:	Sayegt	, Jo	seph		
New Registered Office Address:	24 <u>9</u>	9 6 Ade Enter Florida stree	25 RO . et address	#106	<u>6</u> _
	<u>Boca</u>	Raton	, Florida	33431 Zip Code	<del> </del>

## 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 Title **Name Address** Type of Action Sayegh, Joseph 4299 Glados Rd DAdd

Boca Ration FL 33431 # 1068 \_\_\_\_\_ \_ \_ \_ \_ \_ \_ Add \_ 🗀 Remove \_\_\_\_\_ Change \_\_\_\_ □Remove  $\square$ Add 

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(If an effective date is liste Note: If the date inser	her than the date of fili ed, the date must be specific a crted in this block does no date on the Department o	and cannot be prior to cot meet the applicable				
the record specifies a deleared is filed.	layed effective date, but n	not an effective time	, at 12:01 a.m. on the e	arlier of: (b) The	90th day after th	he
Dated Aug	Complete of	Sulfa member or authorize	ed representative of a mer	nher		
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Filing Fee: \$25.00