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TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Con	rporations		
1034CW, I	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robyn Burrows		
		Name of Person	
	Nishad Khan P.L.		
		Firm/Company	
	1303 N. Orange Avenue		
		Address	
	Orlando, Florida 32804		
		City/State and Zip Code	
	reception@nishadkhanlaw.		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Robyn Burrows		at (407 Area Code) 228-9711 Daytic	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1034CW, LLC							
	(Name of the Li	nited Liability Company (A Florida Limited Liab	as it now appears of ollity Company)	n our records.)			
The Articles of Organization f	or this Limited	Liability Company we	ere filed on 01/10/	/2023		_ and a	ssigned
Florida document number L23	000022371						
This amendment is submitted	to amend the fo	ollowing:					
A. If amending name, enter	the new name	of the limited liabilit	v company here:	:			
The new name must be distinguishal	ole and contain the	e words "Limited Liability	Company," the desig	gnation "LLC" or th	e abbrev	viation "	L.L.C."
Enter new principal offices a	ddress, if app	licable:					
(Principal office address MU.	ST BE A STRI	EET ADDRESS)			S		
		_			<u> </u>	23 🔏	
					A.Z.	- AO	
Enter new mailing address, i	f applicable:				is R	9	
(Mailing address MAY BE A	<u>POST OFFIC</u>	<u>E BOX)</u>		- ;	F - 1	<u>P</u>	$\overline{\mathbf{m}}$
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				,	31	90	
B. If amending the registere agent and/or the new registe	d agent and/oi red office addi	registered office add ress here:	ress on our reco	ords, <u>enter the n</u>	ame of	the ne	w regis
Name of New Regist	ered Agent:	Nishad Khan P.L.			_		
New Registered Office	ce Address:	1303 N. Orange Av	re.				
			Enter Florida	street address			
		Orlando		, Florida	32804		
			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.

Mr. Nshad khan, Esq.

Barrays 197 of the Changing Registered Agent.

Signature of New Registered Agent

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The amending Authorized rerson(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
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