L23000067642

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Y. SCOTT

Y. SCOTT

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	·CT•	M033	309 LLC	·
JUDA		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ndence concerning this matter	r to the following:	
		Moh	amad NasiF	
		MC	3309 LLC	
			Firm/Company	7023 HAY -
		2711 (c	oper way	
			Address	0
		welline	gton, FL,	334 M E 5
		Eddie	gton, FL, City/State and Zip Code NGSIF QYaha	334 M R 20 20. COME 8
		E-mail address:	(to be used for future annual report notifi	cation)
For fur	ther information c	concerning this matter, please	call:	_
	Mo I	namad Nas	at (56) 530 Area Code Daytime	7 - 8 7 00 Telephone Number
Enclos	ed is a check for the	he following amount:		
□ \$ 2	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 Addre	<u>ss:</u>	Street Address:	tion

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

Or					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L23000067642}{L23000067642}$ This amendment is submitted to amend the following:	vere filed on OZ 7 7 7 8 and assigned PH 2: 05				
A. If amending name, enter the new name of the limited liability company here: \[\sum_{O} 3309 \] \[\text{LLC} \] The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: \[\text{Principal office address MUST BE A STREET ADDRESS} \] \[\text{Wellington} \ i \ \text{F1} \ i \ 33414 \]					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2711 Cooper way Wellington, Fl, 33414 address on our records, enter the name of the new registere				

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Mohammad Jamal ELAYYAN

2711 Cooper way

Enter Florida street address

WELLING TON, Florida 33414

City Zin 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	Mohammad NasiF	2711 Cooper way	_ □Add
		Wellington, Fl 33414	Remove
			_ □Change
MGR	Mohammad T ELAYYAN	2711 Cooper way	_ XAdd
		wellington, FC 33414	Remove
			☐ Change
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	Remove Change
		TATE 05	Change
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			05	
ctive date, if other than the date of filing: 5/2/20 effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	or more than 90 of filing requirement	_ (optional) days after filing. ents, this date) Pursuan will not	nt to 605 be list
ord specifies a delayed effective date, but not an effective time, at 12:01 a filed.	a.m. on the earli	er of: (b) Th	ie 90th d	lay afte
d may /2, 2023.				
$\frac{1}{\sqrt{2}}$				
Signature of a member or authorized represent				