Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004

: (775)329-7721

Phone Fax Number

: (775)376-9207

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

47	Addroce:	JaFarm29@yahoo.	com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAFARM, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

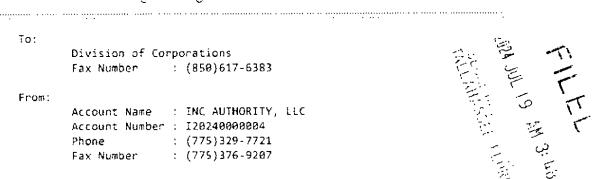
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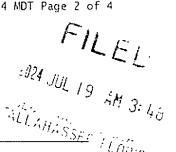
Corporate Filing Menu

Help



From Corporate Service Center Inc 1.702.507.9682 Fri Jul 19 10:32:27 2024 MDT Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JAFAR	M. ŁLC	ALLAHASSON
(Name of the Limited Liability Compa (A Florida Limited		ALLAHASSEE / LORIE
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000265143</u>	were filed on <u>05/31/23</u>	and assigned
This amendment is submitted to amend the following:		
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 Liabi	liry Company," the designation "LEC	"" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:	18680 NE 2Nd Ave	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33179	
Enter new mailing address, if applicable:	18680 NE 2Nd Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33179	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		s, enter the name of the new
New Registered Office Address:	Enter Florida street addres	Υ
	FI.	orida
	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

From Corporate Service Center Inc 1.702.507.9682 Fri Jul 19 10:32:27 2024 MDT Page 3 of 4

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
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			☐ Remove
			☐ Change
			Add
			D Remove
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			D Add
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