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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Đơ	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Multz	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: RR	Ran (Name of Limit	To bacco Traded Liability Company	215 116
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	Sulfan	Al - Thacki Name of Person	
-		Firm/Company	
-	628 OHIO A	IVÉ S Address	
-	Civê OAK	City/State and Zip Code MANY DESCRIPTION THE RESERVE THE TOTAL PROPERTY HOLE THE PROPERTY OF THE PROPERTY OF THE PROPERTY HOLE THE PROPERTY OF	
_	SFA Loldings Co. E-mail address: (to	many Dymail Com	ication)
For further information conce			
Name of Per	Shall;	at (S71) Zol G Area Code Daytime	7-1 J Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

Traders LLC	
ny as it now appears on our records.) Liability Company)	
were filed on $09/17/2$	-/ and assigned
ility company here:	
lity Company," the designation "LLC" or the	abbreviation "L.L.C."
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Like onk fl 3%	064
618 BHIO AVE F1 37664	S. Zive Bak
address on our records, enter the na	ime of the new registered
in Al-Shaebi	
Hio AV2 5; Enter Florida street address	
City, Florida	7 2 6 6 4 Zip Code
	ility company here: lity Company," the designation "LLC" or the A 1 8 O H 10 A VA LIVE ONK F 1 37 A 1 3 7 6 64 A 1 - Shale bi Hio A V2 5; Enter Florida street address

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>	Name Wadalfa Rodriguez	Address	Type of Action
<u> </u>	Name Kodolfo Rodriguez NoDoliv NoDai Guez	11022 143 PATH LIVE OAKEL	3,1060 □Add
			DRemove
			□ Change
AMBR	Sultar Al-Shaebi	628 Ohio Ave S, Live oak	F PAdd CL 3206
			□Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan effi <u>Vote:</u>	ve date, if other than the date of filing:
recore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	09/17 , 1024.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00