## L23000307527

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/19/23--01017--011 \*\*25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Company : (A Florida Limited Liab	ns it now appears on ou ility Company)	r records.)	<del></del>
The Articles of Organization for this Limited Li Florida document number <u>L 23</u> 000 30	ability Company we 57527	ere filed on _06,2	7,2023	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabilit	y company here:		
The new name must be distinguishable and contain the w	vords "Limited Liability	Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			
	-			7.003.
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BE	<u>ΒΟλ)</u>			w
			<del></del> -	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ad ess here:	dress on our record	ls, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:	Sina R	Side Bont was	jeni -	
New Registered Office Address:	11324 Ab	Enter Florida st	reet address	
	winderme	City	Florida	34: 786 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

## **COVER LETTER**

Registration Section

TO:

Division of Corp	orations	
42.62	Amaria 110	
SUBJECT:	Name of Limite	ed Liability Company
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.
Please return all correspon	ndence concerning this matter to	o the following:
	Sina Rosh	Name of Person
	Amax	Firm/Company
	11324 Arbors	Tide Bend way Windownere fl 3478
		34 786 City/State and Zip Code
	E-mail address: (t	to be used for future annual report notification)
For further information c	oncerning this matter, please co	$\sim$
Sina Rook Name o	t Person	at (407) 284-0768 S Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
X \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
P.O. Box 63 Tallahassee.		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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
<u>AMBR</u>	Sina Roohi-Boorougeni	11324 Arborside Bend way	<b>X</b> iAdd
		minder me no + ( > 1 ) o	□Remove
			□Change
MGR_	Maria jesús barreron velo:	2 423 Creekwood dr Pine castle, FC 32809	<b>X</b> Add
			Remove
			□Change
			□Add
		<u> </u>	Remove
			Change
			<u>P</u> ⊞Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

I crafe the	11c But - forgot	To put my self a	<u> </u>
Authoreation	end maxia jesus a	s a manager.	
,			
	<del></del>		
			<u> </u>
		<del></del>	
			<u> </u>
			. 7
			- 33
to: Ti the date inserted iii t	in the date of filing: <u>07114</u> , the must be specific and cannot be prior to date on this block does not meet the applicable state. Department of State's records.	2 o 2 ) (optional of filing or more than 90 days after filing autory filing requirements, this day	l) g.) Pursuant to 605. te will not be liste
cord specifies a delayed ef s filed.	Tective date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after
red 07/13/2	3		
	Signature of a member or authorized re	epresentative of a member	
	-	ohi - Barroujeni	