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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	BOZAKHAR	LLC	
-	Name of Lir	nited Liability Company	_
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ZHASSULAN BOZAKHAROV Name of Person BOZAKHAR LLC Firm/Company 2000 ATLANTIC SHORES, Apt. 509 Address MALLANDALE BEACH, FL, 33009 City/State and Zip Code B. zhasSulan@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ZHASSULAN BOZAKHAROV Name of Person Benclosed is a check for the following amount: Securificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy (certificate of Status & Certificed Copy (certificate of Status & Certificate of Status & Certificed Copy (certificate of Status & Certificate Of Status & Certificed Copy			
	ZHASSULA	IN BOZAKHARO	V
THASSULAN BOZAKHAROV Name of Person BOZAKHAR LLC Firm/Company 2000 ATLANTIC SHORES, Apt. 509 Address HALLANDALE BEACH, FL, 33009 City/State and Zip Code b. 2hassulan@gmuil.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 2HASSULAN BOZAKHAROV Name of Person at (786) 890 - 69 - 84 Area Code Daytime Telephone Number Enclosed is a check for the following amount:			
	BOZA	KHAR LLC	
	2000 ATLAI	NTIC SHORES, A	pt. 509
)
	HALLANDALE	BEACH, FL, 330	09
	E-mail address: (to be used for future annual report not	
For further information c			Ο <i>)</i>
ZHASSULAN	BUZAKHAROV	a ₁ (786 ₎ 890-	69-84
Name (HALLANDALE BEACH, FL, 33009 City/State and Zip Code B. zhassulan@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: SULAN BOZAKHAROV Name of Person at (786) 890-69-84 Area Code Daytime Telephone Number Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status		
Enclosed is a check for the	he following amount:		
幺 \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appe oility Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000319153</u>	ere filed on _	Sunbiz. org and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	e designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	_		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	<u>. </u>
		. 	
		<u></u>	
Enter new mailing address, if applicable:		: : : : : : : : : : : : : : : : : : :	
(Mailing address MAY BE A POST OFFICE BOX)			_
			_
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our	r records, <u>enter the name of the new regi</u> s	stered
Name of New Registered Agent:			_
New Registered Office Address:			
New Registered Office Address.	Enter F	Florida street address	_
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance ovided for it	of my duties, and I am familiar with and n Chapter 605, F.S. Or, if this document	!

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
AMBR	ZHASSULAN BOZAKHAROV	2000 ATLANTIC SHORES, 509 HALLANDALE BEACH, FL, 3300	MAdd
			□Remove
			Change
			🗆 Add
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Oftoming	17:
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00