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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

gportogues@pbyalaw.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MARHABA AHH LLC**

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To:

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARHABA AHH LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Compan Florida document number L23000387881	y were filed on August 17, 2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:	7¢2'	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	"Or the abbreviation,"L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	D.O. D. 110246	 	
Enter new mailing address, if applicable:	P.O. Box 310246	<u>ن</u>	
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33231		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addie	75.5	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, a provided for in Chapter 605,	ind I am familiar with and , F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

To:

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	Address	Type of Action
MGR	MARIALEJANDRA HALABI	P.O. Box 310246	≅Add
		Miami, Fl. 33231	□Reinove
			☐ Change
			□Add
		<del> </del>	□Remove
		<del> </del>	□Change
		<u> </u>	□Add
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Τo

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Note: If	te date, if other than the date of filing:	5,0207 (3 ted as th
he record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	er the
Dated _	September 13 2923	
	Signature of prember or authorized representative of a member	

Typed or printed name of signee