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Division of Corporations

Fax Number

: (850)617-6383

From:

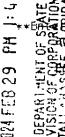
Account Name : INCFILE.COM LLC

Account Number : I20220000070

: (888)462-3453

Fax Number

: (877)919-2613



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

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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

ARYA DESIGNS 8	& SALES ELC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000043324</u> .	were filed on 01/23/2024	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	lity Company," the designation "L	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8444 Abalone Loop	
(Principal office address MUST BE A STREET ADDRESS)	Parrish, FL 34219	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8444 Abalone Loop Parrish, FL 34219	2024
B. If amending the registered agent and/or registered office	address on our records, ent	ter the name of the new registere
agent and/or the new registered office address here:		STA
Name of New Registered Agent:		<b>™ ∞</b>
New Registered Office Address:	Enter Florida street ado	hress
<u></u>	,	Florida
	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

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
AMBR	Ali Arshad	8444 Abalone Loop	
		Parrish, FL 34219	□Remove
			= Change
·			□Add
			□Remove
			El Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change

amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary:)
<u></u>	
***************************************	
Note: If the date inse	ther than the date of filing:
e record specifies a de ord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
February 28th	202-4
	Signature of a member or authorized representative of a member
	·
	Ali Aishad
	Typed or printed name of signee

Filing Fee: \$25.00

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