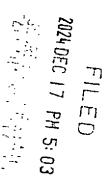
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COVER LETTER

Registration Section Division of Corporations

ro:

MRC404, SUBJECT:			
ECT.		ited Liability Company	
he enclosed Articles o	f Amendment and fec(s) are sub	unitted for filing.	
lease return all corresp	oondence concerning this matter	to the following:	
	Hojat Farajzadeh		
		Name of Person	
		Firm/Company	· · · · ·
	1654 NW 108 Ave.		
	Doral, Fl. 33172	Address	
	Hojat@eis.us	City/State and Zip Code	
		to be used for future annual report noti	fication)
for further information	concerning this matter, please c	alt:	
lojat Farajzadeh		305 796-0657 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
inclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Security Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF (ORGANIZATION	20 64
(DF	CO24 OEC LED
MRC404, LLC		2024 OFC 17 FA 5:03
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our r	ecords.) 6.64 5.03
he Articles of Organization for this Limited Liability Company	y were filed on 11/22/2024	and assigned
lorida document number 1.24000494218		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		
man non mailing address. if amplicables		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, e	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
		_, Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent		
hereby accept the appointment as registered agent and ag rovisions of all statutes relative to the proper and complete eccept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	Amir R. Awal	1654 NW 108 Ave.	■Add
		Doral, Fl. 33172	□ Remove
AMBR Mohammed H. Farajzadeh	Mohammed H. Farajzadeh	1654 NW 108 Ave.	\exists Add
		Doral, Fl. 33172	□Remove
	 		□Add
			□Remove
			Change
		-	
			Remove
		Change	
			□ Add
			□Remove
			☐ Change
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an eff lote:	ive date, if other than the date of filing:
recor l is fi	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 led.
ated	12-09-2024
	and the rest of the state of th
	Signature of a member of authorized representative of a member