

L16000124536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

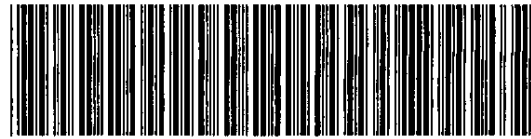
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100295006581

02/27/17--01003--011 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

017 FEB 27 P 2: 26

FILED

S Warren
MAR 01 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHAHID MD LLC.
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:

MUHAMMAD WASEEM SHAHID
Name of Person
SHAHID MD LLC.
Firm/Company
15560 SONOMA DRIVE, APT 108
Address
FORT MYERS, FLORIDA 33908
City/State and Zip Code
waseem300@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUHAMMAD WASEEM SHAHID at (904) 422-3508
Name of Person Area Code Daytime Telephone Number

Enclosed 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SHAHID MD LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/06/2016 and assigned Florida document number L16000124536

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

FILED
07 27 P 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|----------------------|--|
| MGR | MUHAMMAD WASEEM SHAHID | 15560 SONOMA DRIVE, | <input type="checkbox"/> Add |
| | | APT 108, FORT MYERS, | <input checked="" type="checkbox"/> Remove |
| | | FLORIDA 33908 | <input type="checkbox"/> Change |
| MGR | ALIA CHAUDHURY | 15560 SONOMA DRIVE, | <input checked="" type="checkbox"/> Add |
| | | APT 108, FORT MYERS | <input type="checkbox"/> Remove |
| | | FLORIDA 33908 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2017 FEB 21 9 21 AM
FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEBRUARY 17~~TH~~TH, 2017.

Handwritten signature of Muhammad Waseem Shahid.

Signature of a member or authorized representative of a member

MUHAMMAD WASEEM SHAHID

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
017 FEB 27 P 2:27

FILED