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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PROMINENT SERVICES INC
Account Number : I20150000063
Phone : (305)889-2880
Fax Number : (305)889-2881

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

Email Address: Underwriters@PST-companies.com

STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
2020 JUN 15 PM 1:36

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHAHEENS EXPRESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
2020 JUN 15 AM 9:14

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COVER LETTER

(H20000179325)

**TO: Registration Section
Division of Corporations**

SUBJECT: SHAHEENS EXPRESS 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:

CYNTHIA VELASQUEZ

Name of Person

PROMINENT SERVICES INC

Firm/Company

6912 NW 72 AVE

Address

MIAMI, FL 33166

City/State and Zip Code

UNDERWRITERS@PSICOMPANIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA VELASQUEZ

Name of Person

305

at ()

Area Code

889-2880

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(H 20000179323)
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SHAHEENS EXPRESS 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 05/15/2020 and assigned Florida document number L20000132523.

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)

FILED
2020 JUN 15 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SYED NAJEEBULLAH HUSSAINY

New Registered Office Address: 2971 OAK TREE LANE
Enter Florida street address

LAKELAND, Florida 33810
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

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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	HUSSAINY, SYED NAJEEBULL	2971 OAK TREE LANE	<input type="checkbox"/> Add
		LAKELAND, FL 33810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	IDREES, RAMSHA	2971 OAK TREE LANE	<input type="checkbox"/> Add
		LAKELAND, FL 33810	<input checked="" 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

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

Lined area 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 June 12TH, 2020

Handwritten signature

Signature of a member or authorized representative of a member

HUSSAINY, SYED NAJEEBULLAH

Typed or printed name of signee

Filing Fee: \$25.00

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