

L05000016900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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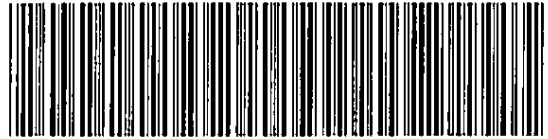
(Business Entity Name)

(Document Number)

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KH  
1/29/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Caspian Investments, 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:

Fariba Amanieh

Name of Person

Firm/Company

2908 Dovedale Court

Address

Wellington, FL. 33414

City/State and Zip Code

farah9010@yahoo.com

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

For further information concerning this matter, please call:

Fariba Amanieh

Name of Person

at (561) 310-7132

Area Code

Daytime Telephone Number

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SEC. OF STATE  
TALLAHASSEE, FL

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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

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

Caspian Investments, 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 2-16-2005 and assigned  
Florida document number L05000016900

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)**

2908 Dovedale Court  
Wellington, FL 33414

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2908 Dovedale Court  
Wellington, FL 33414

**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:

Fariba Amanieh

New Registered Office Address:

2908 Dovedale Court

Enter Florida street address

Wellington

Florida

33414

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> | <u>Name</u>      | <u>Address</u>                            | <u>Type of Action</u>                   |
|--------------|------------------|-------------------------------------------|-----------------------------------------|
| MGR          | Siaavash Amanieh | 2908 Dovecote Ct. Wellington<br>FL. 33414 | <input checked="" type="checkbox"/> Add |
|              |                  |                                           | <input type="checkbox"/> Remove         |
|              |                  |                                           | <input type="checkbox"/> Change         |
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COUNTY OF PALM BEACH

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TO: [REDACTED] FL

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STATE  
FL

7-1-55

(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.

Dated 12-29, 2023

2023  
James M. ...  
... of a member or authorized representative

Signature of a member or authorized representative of a member

Fariba Amanieh

Typed or printed name of signee