

LD6000068083

(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



100289363661

09/01/16--01017--006 **25.00

FILED
16 SEP - 1 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
9/16

LAW OFFICE OF FRANK P. SAIER, P.A.

1701 NW 80th Boulevard
Suite 102
Gainesville, Florida 32606
Telephone: (352) 377-6111
Fax: (352) 377-6118
Email: franksaierlaw@gmail.com

August 29, 2016

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

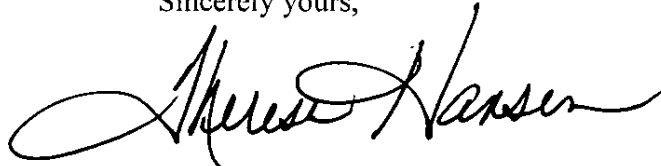
RE: Razvi Enterprises, LLC Articles of Amendment

Dear Sir/Madam:

Enclosed please find the Articles of Amendment together with our firm check in the amount of \$25.00 representing payment of the filing fee. As such, we would appreciate your filing the enclosed Articles of Amendment and returning the filed document to us at your earliest convenience.

Thank you most cordially for your assistance in this regard. Should you have any questions, or need anything further, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Theresa Hansen", with a large, stylized initial "T".

Theresa Hansen

/th
Enclosures (as above-stated)

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

RAZVI ENTERPRISES, 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 July 10, 2006 and assigned
Florida document number L06000068083.

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
16 SEP - 1 11:11 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KABEER, ADIL	6614 NW 50th Lane Gainesville, FL 32653	<input checked="" 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
			<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
 16 SEP - 1

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

RECEIVED
16 SEP -1 AM 11:00
OFFICE OF THE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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 August 26, 2016

_____ , _____
Lumma

Signature of a member or authorized representative of a member

Rizwana Thanawala, Manager

Typed or printed name of signee