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Office Use Only



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April 10 2018

COVER LETTER

TO:	Registration Se Division of Cor		,	
SUBJE	WASEEM I	LLC		
	o	Name of Lim	ited Liability Company	 _
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		WASEEM QAMAR		
			Name of Person	
			Firm/Company	
		100 ROYAL PALM WAY	7 #110	
			Address	
		BOCA RATON, FL 33432	2	
			City/State and Zip Code	
		NORTHAMERICANLANI	•	
		E-mail address: (to be used for future annual report notific	ation)
For furtl	ner information co	oncerning this matter, please ca	all:	
WASEF	EM QAMAR		561 612-5500 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for the	e 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

ecords.)
and assigned
"LLC" or the abbreviation "L.L.C."
LEC of the approviation E.E.C.
or the second
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cords, enter the name of the
- 1787
7
(a)
ddress
ESL (1)
_, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

WASSEMALLS

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** Title Name **Address** Type of Action _□ Add ☐ Remove _ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove 럾 <u>⊶</u> □ Remove ☐ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00