

L09000115056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 21 AM 8:30

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J. SAULSBERRY
EXAMINER

DEC 28 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAAD TRADING 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:

MOHAMMAD NASIR

Name of Person

SAAD TRADING LLC

Firm/Company

4602 N HAITUS ROAD

Address

SUNRISE, FL-33351

City/State and Zip Code

MNASIR@AOL.COM

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

For further information concerning this matter, please call:

MOHAMMAD NASIR

Name of Person

at (**954**) **325-4283**

Area Code & Daytime Telephone Number

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

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

SAAD TRADING 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 12/03/2009 and assigned
Florida document number L09000115056.

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 end with 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)

4602 N HAITUS ROAD

SUNRISE, FL-33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5183 NW 121 DRIVE

CORAL SPRINGS, FL-33076

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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: MOHAMMAD NASIR

New Registered Office Address: 5183 NW 121 DRIVE

Enter Florida street address

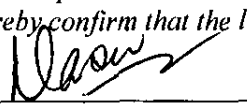
CORAL SPRINGS, Florida 33076

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MOHAMMAD NASIR	5183 NW 121 DRIVE	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS	<input type="checkbox"/> Remove
		FL-33076	
MGRM	MUHAMMAD F GHAFAR	4909 NW 96th TERRACE	<input type="checkbox"/> Add
		SUNRISE, FL-33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Add
Remove

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

Dated 12/18, 2012



Signature of a member or authorized representative of a member

MOHAMMAD NASIR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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