## 109000118718

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2019

AHM A HOQUE 1600 NORTH FEDERAL HWY DELRAY BEACH, FL 33483

SUBJECT: TEXACO TASIN LLC Ref. Number: L09000118718

We have received your document for TEXACO TASIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 619A00017833

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### **COVER LETTER**

Division of Co			
SUBJECT:	Texace	TaSIN LLC	
,50bJEC1		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	AHM	A HOQUE  Name of Person	· <del>·</del>
		Name of Person	
	Tex	GCO TASIN LL	C
		Firm/Company	
	1600 NO	r/th Federal HA	14.
		Address	
	Delroy B	Beach FL 33 City/State and Zip Code	3483
	Ranaha	ONE XALOO · CON	figurian)
For further information	concerning this matter, please ca		in Carrott
AHM	A HOGNE	at (954) 873 - Area Code Daytim	1411
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Texa	10 Tas11	v LLC		<u> </u>
(Name of the Limited	Liability Company Florida Limited Lia	as it now appears o	on our records.)	019 S
The Articles of Organization for this Limited Liab Florida document number		vere filed on/	12-15-200	ASSE AH
This amendment is submitted to amend the follow	ring:			8 8 8
A. If amending name, enter the new name of the	he limited liabili	ity company here	<b>:</b>	22
The new name must be distinguishable and contain the work				
Enter new principal offices address, if applicab	le:	8901	Wiles Road	1
(Principal office address MUST BE A STREET	ADDRESS)	ApT#	105	
		Coral.	Spring . FL	33067
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			E HNY. 33462
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	ee address here:  MOH	AMMED DIXIE F Enter Florid	KHAY HWY . a street address	'AM
		City	, Florida _	33462. 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 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 at or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGR MOHAMMED KHAYAM 8901 Wiles Road Coral Spring Add

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Effective date, if other than the date of filing:  In 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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  7/25/19  2019  Signature of a member or authorized representative of a member		
Effective date, if other than the date of filing:		
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ated 7/25/19 . 2019 .  Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	ated	7/25/19 2019
Signature of a member or authorized representative of a member		IHO/n
		Signature of a member or authorized representative of a member
		Typed or printed name of signer

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Filing Fee: \$25.00