

L110000039772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 26 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLASGOW BROTHERS 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:

QAZI SAYEED

Name of Person

GLASGOW BROTHERS LLC

Firm/Company

5931 GLASGOW WAY

Address

TAMARAC - 33321

City/State and Zip Code

Sayedkazi@hotmail.com

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

For further information concerning this matter, please call:

QAZI SAYEED

Name of Person

at (**954**)

471-5931

Area Code & Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

GLASGOW BROTHERS 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 04/04/2011 and assigned
Florida document number L11000039772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAME AS ABOVE

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)

13985 N FOREST OAK CIR

DAVIE FL 33325 USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5931 GLASGOW WAY

TAMARAC FL 33321 USA

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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:

QAZI SAYEED

New Registered Office Address:

5931 GLASGOW WAY

Enter Florida street address

TAMARAC

Florida

33321

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	ISMAIL MAHMOOD	1110 SW 191 TER PEMBROKE PINES FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RAFI SOMIA	5931 GLASGOW WAY TAMARAC FL 33321 USA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCT OBER 21st, 2011

Signature of a member or authorized representative of a member

DAZI SAYEED
Typed or printed name of signee

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TALLAHASSEE, FLORIDA