## L11000102025

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

7763 WEST	T 19 <b>2</b> LLC		.~	
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	NABEEL ANSARI			
		Name of Person		
	7763 WEST 192 LLC			
	<del> </del>	Firm/Company		
	P.O. BOX 6547			~2
		Address		· (3)
	ORLANDO FL 32802-65	47		2927 . W. 1 3 B
		City/State and Zip Code		
	NABEELANSARI@ME.C			
	E-mail address: (	to be used for future annual report notif	ication)	1: 32
For further information c	oncerning this matter, please ca	all:		۲ 32
NABEEL ANSARI		407 222-6194 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Tore 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7763 WEST 192 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 \_\_\_\_\_\_ and assigned Florida document number L11000102025 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) 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

## 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>	Address	Type of Action
AMBR	SOPHIA ANSARI	P.O. BOX 6547 ORLANDO FL 32802-6547	<b>≡</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del> </del>		[⊟] Add .
			Remove
		<del>-</del>	□Change
			□Add
			□Remove
			☐ Change
			□Add
		·	□Remove
		<u></u>	Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
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	· <del></del>
	<del></del>
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06/27/2023	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	i <b>onal)</b> r filing.) Pursuant to 605.0207 (3)(t is date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (brecord is filed.	b) The 90th day after the
Dated	
alobka	: (3 (5
Signature of a member or authorized representative of a member	
NABEEL ANSARI	<del></del>
Winds Indian	_ <b>⇔</b>

Typed or printed name of signee