# LII 000128461

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Division of | Section<br>prporations   |   |
|------------------------------|--|---|
|                              | IAL PROPERTIES LLC   |   |
| SUBJECT:                     | Name of Limited Liability Company  |   |
|                              |  |   |
| The enclosed Article         | f Amendment and fee(s) are submitted for filing.   |   |
| Please return all corr       | condence concerning this matter to the following:  |   |
|                              | BOMAN K. NAJMI   |   |
|                              | Name of Person   |   |
|                              | BHS INTL., INC   |   |
|                              | Firm/Company   |   |
|                              | 6 SEDGWICK LANE  |   |
|                              | Address  |   |
|                              | ROCKVILLE, MD 20852  |   |
|                              | City/State and Zip Code  |   |
|                              | BOMAN99@VERIZON.NET  E-mail address: (to be used for future annual report notification)                            |   |
| For further informati        | concerning this matter, please call:   |   |
| BOMAN K. NAJM                | at (443 ) 983-1230   |   |
| Na                           | of Person Area Code Daytime Teleph   | one Number  |
| Enclosed is a check          | the following amount:  |   |
| ■ \$25.00 Filing Fe          | ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

## Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

믕

| NAJMAHAL PROPERTIES LLC  |  |
|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I   | iny as it now appears on our records.) Ciability Company)            |
| The Articles of Organization for this Limited Liability Company  Florida document number L11000128461  This amendment is submitted to amend the following: | · · · · · · · · · · · · · · · · · · ·                                |
| · ·  | •;*  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company." the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | C/O BOMAN NAJMI  |
| (Principal office address MUST BE A STREET ADDRESS)  | PAROXXXXXX G SEDGWICK lane   |
|  | BETHESDA, MD 2 <del>0827</del>                                       |
|  | Rockville 20852  |
| Enter new mailing address, if applicable:  | C/O BOMAN NAJMI  |
| (Mailing address MAY BE A POST OFFICE BOX)   | P O BOX 34203  |
|  | BETHESDA, MD 20827   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:         | address on our records, <u>enter the name of the new registered</u>  |
| New Registered Office Address:   |  |
|  | Enter Florida street address   |
|  | , Florida  |

### 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     |
|--------------|------------------|---------------------------------------|--------------------|
| MGR          | FARHANG J. NAJMI | 290 McGUINNESS BLVD, BROOKLYN, NY 112 | 22<br><b>■</b> Add |
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| D. If amo                  | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                     |
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| (If an eff<br><u>Note:</u> | ive date, if other than the date of filing:   |
| If the recor               | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated                      | FEBRUARY 25   |
|                            | Bornan X. Najmie  |
|                            | Signature of a member or authorized representative of a member  BOMAN K. NAJMI  |

Typed or printed name of signee