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COVER LETTER

TO: Registration Security Division of Con				
	PROPERTIES LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HERMAN SINGH			
		Name of Person		
	HERMAN SINGH & AS	SOCIATES, INC		
Firm/Company				
600 RINEHART ROAD, SUITE 2008				
		Address		
	LAKE AMRY, FLORIDA	32746		
	 	City/State and Zip Code		
	JANKI.HSTAXES@GMA			
For further information of	t-mail address: (concerning this matter, please c	to be used for future annual report not all:	meation)	
JANKI THAKKAR		407 831-1399 at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sc Division of Co The Centre of	rporations	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAFFER PROPERTIES 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 _ 02/27/2012 and assigned Florida document number ___L12000027982 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.

__, Florida __

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>	<u>Address</u>	Type of Action
MGR	MAZHAR JAFFER		□Add
		5497 BENCHMARK LANE, SANFORD, FL 3277	3 _ ≣Remove
			□Change
			□Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			□Remove
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	,	, enter change(s) here: (Attach additional sheets, if nece	•
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(If an effe Note:	ve date, if other than the dat ective date is listed, the date must be: If the date inserted in this block ent's effective date on the Depar	pecific and cannot be prior to date of filing or more than 90 days after loes not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.0207 (3)(
f the record		e, but not an effective time, at 12:01 a.m. on the earlier of: (b)) The 90th day after the
Dated	MAY, 5TH	2020	
_		= PA	
	Sign	ature of a member or authorized representative of a member	
		ZULFIKAR JAFFER	

Filing Fee: \$25.00