

L12000049527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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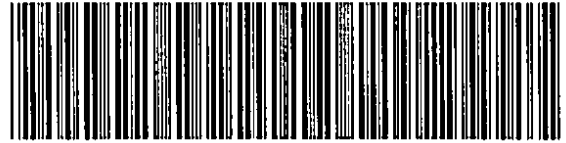
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RASHID PROPERTIES 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:

IQBAL SOMJI

Name of Person

RASHID PROPERTIES LLC

Firm/Company

2810 SAN JACINTO CIR

Address

SANFORD, FL 32771

City/State and Zip Code

CHHAVI@KERMALICPA.COM

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

For further information concerning this matter, please call:

IQBAL SOMJI

(407)

432-1806

at (_____) _____

Name of Person

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

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

RASHID 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 04/10/2012 and assigned
Florida document number L12000049527.

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)

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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: IQBAL SOMJI

New Registered Office Address: 2810 SAN JACINTO CIR

Enter Florida street address

SANFORD, Florida 32771

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	HASSAN SOMJI	2810 SAN JACINTO CIR	<input type="checkbox"/> Add
		SANFORD, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FARIDA A RASHID	2810 SAN JACINTO CIR	<input type="checkbox"/> Add
		SANFORD, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 DEC 28 PM 10:43

17 DEC 29 PM 11:43

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/27/17, _____

Hydrogen

IQBAL SOMJI

Typed or printed name of signee