

L12CXXX 49527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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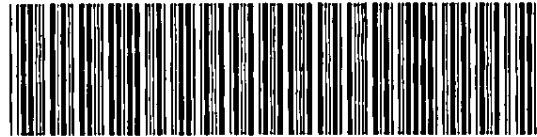
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT - 1 PM 12:04

N. COOPER

OCT 03 2018

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:

MOHAMED KERMALI
Name of Person
RASHID PROPERTIES LLC
Firm/Company
405 WAYMONT CT, STE 121
Address
LAKE MARY, FL 32746
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:

MOHAMED KERMALI (407) 476 - 4272
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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:

405 WAYMONT CT, STE 121

(Principal office address MUST BE A STREET ADDRESS)

LAKE MARY, FL 32746

Enter new mailing address, if applicable:

405 WAYMONT CT, STE 121

(Mailing address MAY BE A POST OFFICE BOX)

LAKE MARY, FL 32746

SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
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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:

M KERMAI CPA PA

New Registered Office Address:

405 WAYMONT CT, STE 121

Enter Florida street address

LAKE MARY

City

Florida 32746

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 | IQBAL SOMJI | 299 TERRACINA DRIVE | <input type="checkbox"/> Add |
| | | SANFORD, FL 32771 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MOHAMED KERMALI | 405 WAYMONT CT, STE 121 | <input checked="" type="checkbox"/> Add |
| | | LAKE MARY, FL 32746 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | BASHIR M RASHID | 6331 43A AVENUE | <input type="checkbox"/> Add |
| | | DELTA, BC | <input type="checkbox"/> Remove |
| | | V4K1B3 | <input checked="" type="checkbox"/> Change |
| AMBR | ANWARALI M RASHID | 6331 43A AVENUE | <input type="checkbox"/> Add |
| | | DELTA, BC | <input type="checkbox"/> Remove |
| | | V4K1B3 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

18 OCT - 1 PM 12:04

STATE BAR OF CALIF.
DIVISION OF CONFIRMATION

E. Effective date, if other than the date of filing: 09/01/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated SEPTEMBER 2 . 2018 .

S. Rashid

Signature of a member or authorized representative of a member

BASHIR RASHID

Typed or printed name of signer