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## **COVER LETTER**

Division of Co.	rporations				
Appointte	e LLC				
SUBJECT:					
	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Ke'shem Evans				
	-	Name of Person	<del></del>		
	The Sadiq Group LLC				
		Firm/Company			
	3105 N 34th Street				
		Address			
	Tampa, FL 33613				
		City/State and Zip Code			
	kesadiq@msn.com	. ,			
	E-mail address: (	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
Ke'shem Evans		813 389-1667			
<del></del>		at ()	: Telephone Number		
Name o	of Person	Area Code Daytime	: 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	■ \$60.00 Filing Fee, Certificate of Status &		
	33a.c 3. 3.a.d.	(additional copy is enclosed)	Certified Copy (additional copy is enclosed		

TO:

**Registration Section** 

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

Appointtee 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 \_\_\_\_\_\_\_1.12000064413 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Sadiq Group LLC 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 , 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If emending 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
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