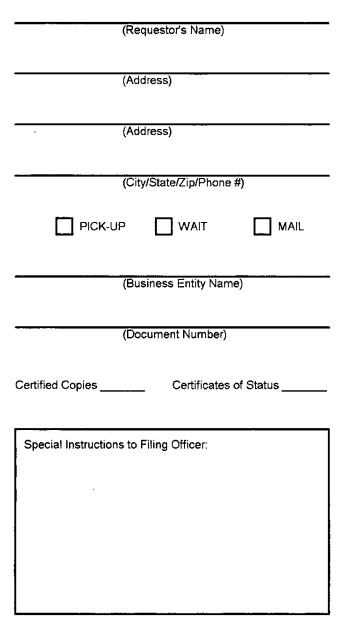
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Office Use Only



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12 JUN 18 AM II: 57

B. BOSTICK
JUN 20 2012
EXAMINER

## **COVER LETTER**

TO:	Registration Sect Division of Corpo					
SUBJE	; :CT:	Jaaghesta	Real Estate LLC			
		Name of Limi	ted Liability Company		<del></del>	
The enc	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspond	dence concerning this matter	to the following:			
			Beth Boehling		<del></del>	
Name of Person						
Sunhill Medical Center						
		Ste 1				
4020 Sun City Center Blvd, Ste 1 Address					<del>1</del>	
		0 . 0				
Sun City Center, Florida 33573  City/State and Zip Code					-₹£ 73	
	bethmrb@aol.com				量	and C
		E-mail address: (	to be used for future annual repo	ort notification)	12 JUN 18 SCOKCIAGO ALLAHASSI	STATES OF THE PERSONNELS OF TH
For furt	her information cor	ncerning this matter, please o	all:		MC I	
	Beth	n Boehling	at ( 813 )	633-5666	OF STATE	; •••• 1
	Name of I	Person	Area Code &	Daytime Telephone Num	iber Om	i
Enclose	ed is a check for the	following amount:				
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is er	Certif nclosed) Certif	Filing Fee, icate of Status of fied Copy ional copy is en	

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

Jaaghe	sta Real Estate LLC	· · · · · · · · · · · · · · · · · · ·		
(Name of the Limited Liability (A Florida	Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	June 6, 2012 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e:</u>		
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADD	RESS)			
	The state of the s	SEE OF THE		
Enter new mailing address, if applicable:		77. = 0		
(Mailing address MAY BE A POST OFFICE BOX)		ORIUA		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:		***************************************		
	Enter Florida street address			
	, Florida			
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager , MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Javed Hafeez	4020 Sun City Center Blvd, Ste 1 Sun City Center, Florida 33573	✓ Add ☐ Remove
			Add Remove
National Association (National Association (			Add Remove
			Add Remove
			Add Remove
***************************************	Anger (1975) - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975		Add Remove
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary	.)
		Ä.	<del></del>
	T	AHASSET.	
Dated	Nacion 12 20 Nacion 1 de la Maseem Hafeez	r authorized representative of a member	AH II: 57
_	Naseem Hafee 2 Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00