113000065402

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name))
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	:
		:
		,

Office Use Only



800259089738

04/16/14--01020--001 **30.00

2011/2016/09/4/20

B. BOSTICK

APR 18 2014

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** AS & ZS ENTERPRISE 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: MOHAMMED HANIF Name of Person AS & ZS ENTERPRISE LLC Firm/Company **306 S 6TH AVE** Address WAUCHULA FL 33873 City/State and Zip Code HARSHA.TAS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MOHAMMED HANIF Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

■ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AS & 25 ENTERPRISE LLC				
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our re la Limited Liability Company)	cords.)		
he Articles of Organization for this Limited Liability (lorida document number L13000065402	Company were filed on <u>05/03/201</u>	3	_ and ass	signed
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the lin	nited liability company here:			
ne new name must be distinguishable and end with the words "L	imited Liability Company," the designation	"LLC" or the abbro	eviation "l	L.L.C."
nter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADD	RESS)			
			CTT.1	٠
		, ,	•	- 1,
nter new mailing address, if applicable:				
failing address MAY BE A POST OFFICE BOX)		~	- 43	., -;
numing undress MITI BE IT TOOT OF THEE BOA		······································	- '- '-	\ 1+
		-: 1	12 (71	
. If amending the registered agent and/or regi gistered agent and/or the new registered office add		ords, <u>enter the</u>		of the n
Name of New Registered Agent:				
New Registered Office Address:	E . El .1			
	Enter Florida street ac	uaress		
		, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MOHAMMED HANIF	306 S 6TH AVE	≅ Add
		WAUCHULA	□ Remove
		FL 33873	
MGR	FAHMIDA HALEN	306 S 6TH AVE	■ Add
		WAUCHULA	□ Remove
		FL 33873	
SECRETARY	KHURSHED AHMED	306 S 6TH AVE	
		WAUCHULA	■ Remove
		FL 33873	
ASST SECRETARY	SHARIF UDDIN	306 S 6TH AVE	□ Add
		WAUCHULA	Remove - 1
		FL 33873	7
			: □ TAdd
			C⊓ □ Remove
			□ Add
			☐ Remove
			L Remove

. amount and a market	on, enter change(s) here: (Attach additional sheets, if necessary.,
	· · · · · · · · · · · · · · · · · · ·
	ate of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after ida Department of State)
APRIL 9TH	
he date this document is filed by the Flori Dated APRIL 9TH Moham	ida Department of State)

Page 3 of 3

Filing Fee: \$25.00