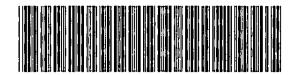
## L13000169635

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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A. RAMSEY MAY -9 2022



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2022

TARIQ ALBQURE 11549 LAKE UNDERHILL RD ORLANDO, FL 32825 US

SUBJECT: LAZEN POWER ENGINEERING LLC

Ref. Number: W22000056956

We have received your document for LAZEN POWER ENGINEERING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L13000169635.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 422A00010138

Coates Brianna Regulatory Specialists II

www.sunbiz.org

District of Commentation D.O. DOV COOR Mall 1

## **COVER LETTER**

	ion Section of Corporations				
	EN POWER ENG	INEERING LLC			
SUBJECT:		Name of Limi	ted Liability Company	<del></del>	<del></del>
The enclosed Artic	les of Amendmen	t and fee(s) are subr	nitted for filing.		
Please return all co	rrespondence con	cerning this matter t	o the following:		
	TARIQ	ALBQURE			
	<del></del>		Name of Person	-	
	LAZEN	POWER ENGINE	ERING LLC		
	<del></del>	<del></del>	Firm/Company	<u>-</u>	
	11549 L	LAKE UNDERHILI	. RD		
			Address		<del></del>
	ORLAN	NDO/FLORIDA/328	325		
		<del></del>	City/State and Zip Cod	e	<del></del>
	ALBQU	RE@LAZENPE.CC	M  be used for future annua		<del></del>
For further informa	ition concerning th	nis matter, please ca		ai report notification)	
TARIQ ALBQUR	E		727 2	77-9769	
N	lame of Person		Area Code	Daytime Teleph	one Number
Enclosed is a check	t for the following	; amount:			
■ \$25.00 Filing F		0 Filing Fee & ificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A Registra	ddress: tion Section			Address: ration Section	
Division	of Corporation	18	Divisi	on of Corporation	
P.O. Box Tallahas	c 6327 see, FL 32314			entre of Tallaha N. Monroe Stree	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY -9 PM 12 11

AZEN	POWER	ENGINEER	I DMIS	10

(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 I	Liability Company w	vere filed on 12/9/201.	3	and assigned
Florida document number L13000169635	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designa	ition "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			<del></del>
Enter new mailing address, if applicable:			,	
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		ldress on our record	ls, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	TARIQ ALBQUI	RE	<u> </u>	
New Registered Office Address:	4110 BOCA WO	ODS DRIVE		
		Enter Florida str	eet address	
	ORLANDO		, Florida <sup>328</sup>	25
		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>	Name	Address	Type of Action
MGR	STACEY COPUS	9850 STEPHENSON DRIVE	≣Add
		NEW PORT RICHEY, FLORIDA	□Remove
		34655	□Change
MGR	Feryal SH Ibrahim	14798 HARTFORD RUN DRIVE	
		ORLANDO , FLORIDA	
		32825	
MGR	TARIQ ALBQURE	4110 BOCA WOODS DRIVE	
		ORLANDO , FLORIDA	■Remove
		32826	
MGR	MOHAMMED ISSA	14798 HARTFORD RUN DRIVE	-
		ORLANDO , FLORIDA	∃Remove
		32825	<del>_</del>
AMBR	HEIF YOUSSEF	1431 SCOUT DRIVE	
		ORLANDO FLORIDA	■ Remove
		32955	Change
			□ Change
	<del></del>		
			□Remove
			□Change

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record specifies a delayed effective is filed.	date, but not an effective tim	e, at 12:01 a.m. on the ea	rrlier of: (b) The 90th day	after th
MAY 09	2022			
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Filing Fee: \$25.00