#L14000065607

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cít	ty/State/Zip/Phone	e #)
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ELURETARY OF STATE,

2014 MAY -8 PK 3:5

K.SALY EXAMINER MAY 16 2014

COVER LETTER

Division of Corporations				
SUBJECT: Oma	r & Isha Bros,	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Najeeb A. K	han		
		Name of Person		
		Firm/Company		
7201 Paso Robles Blvd.				
.\c c'ress				
Fort Pierce, Fl 34951				
City/State and Zip Code				
	dmndcars@yaho	DO.COM to be used for future annual repr		
For further information of	re-mail activess; (concerning this matter, please o	·	ort nonneation)	
Najeeb A. I		772 Area Code	1-2777	
Name c	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	he fellowing amount			
■ \$25.00 Filing Fee	El \$30.00 F ling l'oc &: Certificate of States	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fec, Certificate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 MAY -8 PH 3:51

TALLAHASSEE FLORIDS

Omar & Isha, 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 Li	ability Company were filed	on 04-22-2014	and assigned
Florida document number L14000065607	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and end with the	words "Limited Liability Compar	1y," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			
B. If amending the registered agent and		ess on our records, enter the	name of the new
registered agent and/or the new registered of	fice address here:		
Name of New Registered Agent:	Javed Khan		
New Registered Office Address:	2314 SW 1st Place	•	
The state of the s	Enter Florida street address		
	Vero Beach	, Florida 32962)
	City	Ζų	o Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete <mark>performa,</mark> stered agent as provided fo registered office address, 1	nce of my duties, and I am famili or in Chapter 605, F.S. Or, if thi	iar with and s document is

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Autl	horized Member		
Title REGISTER ACIENT	Name JAVED KHAN	Address 2314. SW. 1St PLACE VERO BEACH. FL. 32962	Type of Action
, (- 		VERO BEACH . FL . 32962	□ Remove
MGR	NALEEB. A. KHAN	7201, PASO ROBIES B	
			Remove
			Add
			Remove
			□ Remove
	·		
			Pemove
			Add
			_□ Remove

D. If am	ending any other infor		here: (Attach additional sh	· · · · · · · · · · · · · · · · · · ·
		KHAN	RECISTERED	AGIENT
	NA SEEB.	A. KHAN	RECTISTERED MGR	
(The eff	fective date must be specific, o	the date of filing: cannot be prior to date of receipe c Florida Department of State)	ot or filed date and cannot be more	(optional) than 90 days after
Dated	02/-0.	2-2014	·	
Signature of a member or authorized representative of a member				
MALEEB. A. KHAN				
		Typed or	printed name of signee	

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Filing Fee: \$25.00