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22 MAY 10 AH 8: 28

T. MATTHEWS

JUL -7 2022

COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT: AZZAN IN	IVESTMENT LLC		
SUBJECT: Transmin	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	MOHAMMED N. SHEIK	Name of Person	
		Name of reson	
	AZZAN INVESTMENT.	LLC.	
		Firm/Company	
	221 240200 410		
	225 OXFORD AVE	Address	
	FERN PARK, FL 32730		
		City/State and Zip Code	
	rahmanroza19@gmail.com	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c		<i>meanon</i> ,
	•		
MOHAMMED N. SHEI		at (407) 534-9872	<u></u>
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	So0.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration ! Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	-
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATION

22 MAY 10 AM 8: 28

AZZAN INVESTMENT, LLC.	
	npany as it now appears on our records.) ed Liability Company)
(A Florida Limit	ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 11/18/2014 and assigned
lorida document number 1.14000178984	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
N/A	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS,	
Enter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered offi- igent and/or the new registered office address here: 	ce address on our records, enter the name of the new regi
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida street address

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 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

Title	Name	Address	Type of Action
MGR	MOHAMMED MOHSIN	108-49-63 AVE - APT. 5J	□ Add
		FOREST HILLS, NY 11375	■Remove
			□Change
			□Add
			☐ Remove
			□Change
			□ Add
			□Remove
			□Change
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ective date, if other than the refrective date is listed, the date must	date of filling: it be specific and cannot	be prior to date of t	iling or more than 90 c	_ (optional) lays after filing.) Pursuant to	605.0207 د
te: If the date inserted in this blooment's effective date on the D	ock does not meet the	e applicable statu	tory filing requireme	ents, this date will not be	listed as
difference date of the fo	epartment of state s	records.			
cord specifies a delayed effective	a data but ant as aff	inglian dash at 12	Ol mar on the and	an of the The Ottle day	حجارة سخانية
s filed.	e date. Dut not an em	getive time, at 12,	or a.m. on the earn	er or. (b) The 90th day	anei me
ied May 6		2			
	MO NURUS	HONE	esentative of a membe		

Typed or printed name of signee