L14000188518

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COVER LETTER

Registration Section

TO:

Division of Cor	rporations			
	EAL ESTATE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	ALI K SEIF			
		Name of Person	<u>_</u> _	
		Firm/Company		
	6827 SPRING RAIN DR			
		Address		
	ORLANDO, FL 32819			
	SAFECPA@GMAIL.COM	City/State and Zip Code	t co	
	E-mail address: (to be used for future annual report not	ification)	ı •
For further information c	oncerning this matter, please c	all:	PM 7: 04	73.1 4 _{8.30}
ALI K SEIF		407 808-1480	ਸੀ ਵਿੱ	
Name o	t Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration 9 Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of 7		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMAS REAL ESTATE LAC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Plorida document number L14000188518	were filed on 12/10/2014	and assigned
Torida document number		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
SAK INTERNATIONAL LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12120 CALLISTA COURT	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32825	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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		7:0 7:0
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Ziv 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being adde or rémoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□ Change
			□Remove
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			PH 7: PAdd
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ctive date, if other than the	date of filing: 08/04/2023		(optional)	
effective date is listed, the date mus :: If the date inserted in this blo	st be specific and cannot be prior to da ock does not meet the applicable	tte of filing or more than statutory filing require	0 days after filing	g.) Pursua	int to 605,02 it be listed
iment's effective date on the Do	epartment of State's records.	, <u>.</u>			
ord specifies a delayed effective	e date, but not an effective time, a	at 12:01 a.m. on the ea	rlier of: (b) T	ho QOth	day after th
filed.		w.o - oan, on on ou	51. (0) 1.	70111	onj milel II
d AUGUST 04	2023				
	Shammari Signature of a member or authorized				
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