

C15000162057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

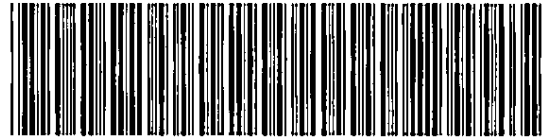
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LM 7/6/18

Office Use Only



500314051655

07/20/18--01018--023 **11.25

06/07/18--01007--020 **45.75

FILED
18 JUN 20 PM 4: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2018

JACOB CUKJATI
5780 AVENIDA ROBLEDAL
PENSACOLA, FL 32504

SUBJECT: MUHAMMAD ASIM KHAN LLC **SEE NOTE** 6/28/18
Ref. Number: L15000162057

We have received your document for MUHAMMAD ASIM KHAN LLC **SEE NOTE** 6/28/18 and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

There is a balance due of \$11.25.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00013996

*Ms. Octavia
Please Call me first
before filing anything
there is a change
850 384 3009 S/B
The Attached one
the one filed
(the only change)*

62
RECEIVED
2018 JUL 18 AM 11:17
DIVISION OF CORPORATIONS
PASSPORT

THE NEW NAME IS TO BE "ASIM ACE KHAN LLC" PLEASE DISREGARD PREVIOUS NAME. 7/16/2018 KS

Use [Ctrl-K] to list available Function Keys



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2018

JACOB CUKJATI
5780 AVENIDA ROBLEDAL
PENSACOLA, FL 32504

3

SUBJECT: MUHAMMAD ASIM KHAN LLC
Ref. Number: L15000162057

We have received your document for MUHAMMAD ASIM KHAN LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s): ✓

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s). ✓

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 718A00012024

68

RECEIVED

2018 JUN 29 AM 10:42

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUHAMMAD ASIM KHAN 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:

JACOB CUKJATI CPA
Name of Person

JACOB CUKJATI CPA
Firm/Company

5780 AVENIDA ROBLEDAL
Address

PENSACOLA, FL 32504
City/State and Zip Code

CPACHARTERED@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACOB CUKJATI at 859 384-3009
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

12-26-2

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Muhammad Asim Khan 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 Liability Company were filed on 9/23/2015 and assigned Florida document number L 15000 162057

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE ACE KHAN TEAM LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

FILED
18 JUN 20 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
 JUN 20 4 25 3
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


Multiple horizontal lines for amending information.

FILED
18 JUN 20 PM 4: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 6/25/2018



Signature of a member or authorized representative of a member

ASIM ACE KHAN (Formerly Muhammad Asim Khan)

Typed or printed name of signee