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(Re	equestor's Name)	1		
(Ad	ddress)			
(Ad	ddress)			
(Ci	ty/State/Zip/Phon	ne #)		
(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:				
(Bo	usiness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

TO:	Registration Sec Division of Corp	
SUR	MOMTAZ E JECT:	ENTERPRISES, LLC
30 0	JECI.	Name of Limited Liability Company
The e	enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Pleas	e return all correspon	ndence concerning this matter to the following:
		MOHAMMED HAQUE
		Name of Person
		MOMTAZ ENTERPRISES, LLC
		Firm/Company
		917 10TH STREET
		Address
		LAKE PARK, FL 33403
		City/State and Zip Code
		OFFICE@MFTAXGROUP.COM
		E-mail address: (to be used for future annual report notification)
For 1	further information co	oncerning this matter, please call:
MA	RIELA ARROYO	561 691-1100 at ()
	Name of	Person Area Code Daytime Telephone Number
Encl	osed is a check for the	e following amount:
8 :	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOMIAZ ENTERPRISES, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y a <u>s it now appears on our records.</u>) ability Company)	
	vere filed on and and	l assigned
The Articles of Organization for this Limited Liability Company were filed on		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
• • • • • • • • • • • • • • • • • • • •	TARY OF STATE	m
		me of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City Zip C	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>	<u>Name</u>	Address	Type of Action
MGR	KAZI HAIDER	2115 LITTLE TORCH STREET	■ Add
	-	RIVIERA BEACH, FL 33407	☐ Remove
			☐ Change
			Add
			Remove
			Change
		<u> </u>	Remove
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			Add
			Remove
			☐ Change
			Add
		, See See See See See See See See See Se	□ Remove □□ Change
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		A STE	□ Remove
		To yet	Change

MANAGER KAZI HAIDER							
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		TIOT 1 0016					
fective date, if other than the dat an effective date is listed, the date must be	e of filing:	De prior to date of	filing or more th	(0]	tional)	Pursuant to	605 (
ote: If the date inserted in this block ocument's effective date on the Depart	does not meet the	e applicable stat					
record specifies a delayed ef		out not an ef	fective time	, at 12:0	la.m.	on the ea	ırlie
The 90th day after the record	is med.						
AUGUST 1	2016	5		24	2616		
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	_//	_		1-1	*; 1	ge prisat. With	

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Filing Fee: \$25.00