# 116000063417

(Requ	estor's Name)	
(Addre	ss)	
(Addre	:ss)	
(City/S	state/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Доси	ment Number)	
	· · · · · · · · · · · · · · · · · · ·	
Certified Copies	Certificates	s of Status
	,	
Special Instructions to Fili	ng Officer:	

Office Use Only



600296248596

03/15/17--01008--010 \*\*25.00



O SIMMONS MAR 1 6 2017

# **COVER LETTER**

TO: Registration S Division of Co			
	SAH	IARA, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	,
Please return all corresp	condence concerning this matter	to the following:	
	Mohammad Khan		
		Name of Person	
		Firm/Company	<u></u>
	13633 Ancilla Boulevard		
		Address	
	Windermere, FL 34786		
		City/State and Zip Code	, having , h
	motorcarsale@hotmail.com	to be used for future annual report notifi	
For further information	concerning this matter, please co	·	cation)
Mohammad Khan		407 276-7968 at ( )	
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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SAHARA, LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited I Florida document number L16000063417	Liability Company were filed	on March 30, 2016	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability compa	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			The Part of the Common of the
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		ं ज
	**************************************		
B. If amending the registered agent and	Nor registered office addre	ess on our records enter th	
registered agent and/or the new registered of		ss on our records, encer a	t the next
Name of New Registered Agent:	Mohammad Khan		
New Registered Office Address:	1461 N. Goldenrod Road, S	Suite 101	
	Ent	ter Florida street address	
	Orlando	, Florida <sup>3280</sup>	7
	Ciţv		Zip 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

Page 1 of 3

- 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
AMBR	Mohammad Khan	13633 Ancilla Blvd.	<b>=</b> Add
		Windermere, FL 34786	☐ Remove
			☐ Change
MGR	Mohammad Adnan Khan	8638 Tara Oaks Ct	□ Add
	•	Orlando, FL 32836	Remove
	•		Change
**		·	Add
			□ Remove
			Change
			□ Add
			Remove
			Change [
	· · · · · · · · · · · · · · · · · · ·	D Add	
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

	,	
,		<del></del>
,		
•		
		·
-		
•		
-		
-		pogen = 4
-		<u>:</u> 3
-		<del></del>
-		
_		
-		<u> </u>
Effect	ive date, if other than the date of filing:  March 10, 2017  (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	D
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	will not be listed as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the earlier of:
Dated	March 10 2017	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00