

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
 Fax Number : (850) 617-6383

**From:**

Account Name : STANTON AND GASDICK, P.A.  
 Account Number : 075350000152  
 Phone : (407) 423-5203  
 Fax Number : (407) 425-4105

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** mick@gse-law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ZAHRA INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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**S Warren**

**JUN 20 2016**

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Corporate Filing Menu

Help

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Zahra Investments, 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:

Michael J. Gasdick

Name of Person

Gasdick Stanton Early, PA

Firm/Company

1601 W. Colonial Drive

Address

Orlando, FL 32804

City/State and Zip Code

mick@gse-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Gasdick

407

423-5203

Name of Person

at ( )

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zahra Investments, 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 05/27/2016 and assigned  
Florida document number L16000104458.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

**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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Farhana Shahid	8925 Heritage Bay Circle	<input type="checkbox"/> Add
		Orlando, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Tabish S. Riaz	8925 Heritage Bay Circle	<input type="checkbox"/> Add
		Orlando, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Dr. Shahid Riaz	8925 Heritage Bay Circle	<input checked="" type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Shahid Family Holdings, LLC	8925 Heritage Bay Circle	<input checked="" type="checkbox"/> Add
		Orlando, FL 32836	<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

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 ALABAMA, FLORIDA

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

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**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**

6.16.16

Farhener

Signature of a member or authorized representative of a member

FARHANA SHAHID

Typed or printed name of signee

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