

L16000124536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

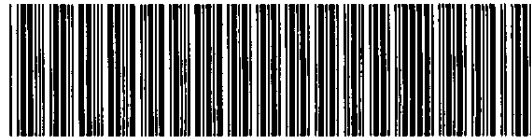
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700294988817

02/14/17--01002--012

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 13 PM 1:08

RECEIVED
2017 FEB 13 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 17 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAHID MD L.L.C
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:

MUHAMMAD WASEEM SHAHID
Name of Person

SHAHID MD L.L.C
Firm/Company

15560 SONOMA DRIVE, APT 108
Address

FORT MYERS, FLORIDA 33908
City/State and Zip Code

waseem300@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUHAMMAD WASEEM SHAHID at (904) 422-3508
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**

SHAHID MD 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 JULY 6th, 2016 and assigned Florida document number L16000124536.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15560 SONOMA DRIVE, APT 108

FORT MYERS, FLORIDA 33908

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15560 SONOMA DRIVE, APT 108

FORT MYERS, FLORIDA 33908

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

FILED
SECRETARY OF STATE
FEB 13 PM 1:08
TALLAHASSEE, FLORIDA

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>
AMBR	ALIA CHAUDHURY	15560 SONOMA DRIVE, APT 108	<input type="checkbox"/> Add
		FORT MYERS, FLORIDA 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MUHAMMAD WASEEM SHAHID	1550 SONOMA DRIVE, APT 108	<input checked="" type="checkbox"/> Add
		FORT MYERS, FLORIDA 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALIA CHAUDHURY	15560 SONOMA DRIVE, APT 108	<input type="checkbox"/> Add
		FORT MYERS, FLORIDA 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MUHAMMAD WASEEM SHAHID	15560 SONOMA DRIVE, APT 108	<input checked="" type="checkbox"/> Add
		FORT MYERS, FLORIDA 33908	<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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB 18 PM 3:08

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

[illegible]

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 ~~27/11/17~~ FEBRUARY 11th, 2017.

Signature of a member or authorized representative

MUHAMMAD WASEEM SHAHID

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB 13 PM 1:08