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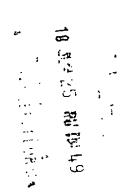
(Re	equestor's Name)	
(Ad	dress)	· ·
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUN 2 7 2018

COVER LETTER

SUBJECT:	JUNAID-LT RI	EAL ESTATE LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		SHARON JUNAID	
		Name of Person	
		Firm/Company	
		524 ISABEL DR	
		Address	
	MAF	RTINEZ. CA 94553	
		City/State and Zip Code	
		CPA@YAHOO.COM to be used for future annual repo	ert notification)
For further information c	oncerning this matter, please c	all:	
SHAR	ON JUNAID	925 at ()	536-7920
Name o	of Person	Area Code I	Daytime Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section Division of Corporations

> 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

JUNAID-LT REAL ESTATE LL		
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Cor	v appears on our records.) upany)	
The Articles of Organization for this Limited Liability Company were filed lorida document numberL16000137028	l on07/21/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or th	
Enter new principal offices address, if applicable:		eo :
AND A STATE OF THE PARTY OF THE		. 4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office addinguistered agent and/or the new registered office address here:	ess on our records, <u>ent</u>	er the name of the
Name of New Registered Agent:		
New Registered Office Address:	nter Florida street address	to the second se
	msa.	
City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act to provisions of all statutes relative to the proper and complete performs	• • •	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	<u>Address</u>	Type of Action
A MEMB	BILAL HAMEED	1174 GOLDEN CANE DR	
		WESTON, FL 33327	■ Remove
		 	☐ Change
			D Add
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			☐ Change
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			D Add
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	 	77
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:4	<u> </u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00