

L17000255238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

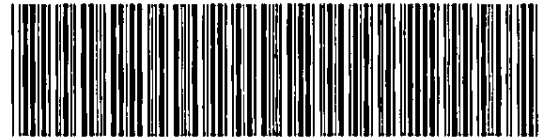
(Business Entity Name)

(Document Number)

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T. LEMIEUX
FEB 10 2001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHEIKH PROPERTIES 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:

AQEEL AHMED

Name of Person

SHEIKH PROPERTIES LLC

Firm/Company

4 OAK LANE

NEWPORT LIMOS

Address

SECAUCUS, NJ 07094

City/State and Zip Code

info@newportlimo.com

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

For further information concerning this matter, please call:

ZUBAIR DAWOOD

407

493-0908

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SHEIKH PROPERTIES 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 DECEMBER 19, 2017 and assigned
Florida document number L17000258238.

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)

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

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:

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>
MGR	AHMED, AQEEL	4 OAK LANE	<input checked="" type="checkbox"/> Add

SECAUCUS, NJ 07094	<input type="checkbox"/> Remove
--------------------	---------------------------------

	<input type="checkbox"/> Change
--	---------------------------------

MGR	SHEIKH, SAMIA	4 OAK LANE	<input type="checkbox"/> Add
-----	---------------	------------	------------------------------

SECAUCUS, NJ 07094	<input checked="" type="checkbox"/> Remove
--------------------	--

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

	<input type="checkbox"/> Change
--	---------------------------------

MGR	Mania SHEIKH, SAMIR	4 OAK LANE	<input type="checkbox"/> Add
-----	---------------------	------------	------------------------------

AMBR Authorized Member

SECAUCUS, NJ 07094	<input checked="" type="checkbox"/> Remove
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	<input type="checkbox"/> Change
--	---------------------------------

	<input type="checkbox"/> Add
--	------------------------------

	<input type="checkbox"/> Remove
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	<input type="checkbox"/> Change
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	<input type="checkbox"/> Add
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	<input type="checkbox"/> Remove
--	---------------------------------

MGR	SHEIKH, SAMIA	4 OAK LANE	<input type="checkbox"/> Change
-----	---------------	------------	---------------------------------

	<input checked="" type="checkbox"/> Add
--	---


	<input type="checkbox"/> Remove
--	---------------------------------

	<input type="checkbox"/> Change
--	---------------------------------

1. What is the purpose of the study?
 2. What are the research questions or hypotheses?
 3. What is the study design?
 4. What are the variables?
 5. What is the sample size and selection method?
 6. What are the data collection methods?
 7. What are the results?
 8. What are the conclusions?
 9. What are the limitations?
 10. What are the implications for practice?

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Exposure date if other than the date of birth