

418000015451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

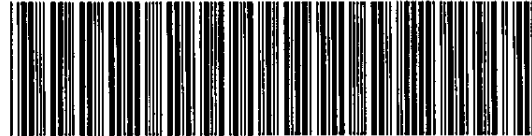
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000308924830

03/05/18--01012--022 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR -5 PM 7:30

February 22, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: AMENDMENT FOR DOCUMENT NUMBER L18000015451; ABUSWIS, LLC.

Dear Sir/Madam:

Enclosed please find Articles of Amendment of Articles of Organization of Abuswis, LLC.
Additionally, find a check in the amount of \$25.00 for the filing fee.

Regards,

Yousra Sulaiman
(305) 370-9863

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABUSWIS, 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:

YOUSRA M. SULAIMAN

Name of Person

ABUSWIS, LLC

Firm/Company

9860 SW 166TH STREET

Address

MIAMI, FL 33157

City/State and Zip Code

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

For further information concerning this matter, please call:

YOUSRA M. SULAIMAN

305 370-9863
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**

ABUSWIS, 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 01/17/2018 and assigned
Florida document number L18000015451.

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR - 5 PM 7:30

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:

YOUSRA M. SULAIMAN

New Registered Office Address:

9860 SW 166TH STREET

Enter Florida street address

MIAMI

City

Florida 33157

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.

YOUSRA

If Changing Registered Agent, Signature of New Registered Agent

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>
P	MOHAMMED SULAIMAN	9860 SW 166TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	YOUSRA M. SULAIMAN	9860 SW 166TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33157	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 MAR -5 PM 7:30

18 MAR -5 PM 7:30

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated _____, _____

YOUS RA

Signature of a member or authorized representative of a member

YOUSRA M. SULAIMAN

Typed or printed name of signee