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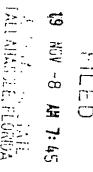
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Cor | | | |
|-----------|-------------------------------------|---|---|--|
| CHDIE | RASHID IC | | | |
| SUBJEC | | | ited Liability Company | |
| The encl | osed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | |
| | | Maen Rashid | | |
| | | <u> </u> | Name of Person | |
| | | | Firm/Company | |
| | | 3060 N.E. 43rd STREET | | -7495 Daytime Telephone Number |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | FORT LAUDERDALE, F | L 33308 | |
| | | 1: 10.170) | City/State and Zip Code | |
| | | cookie1247@hotmail.com | to be used for future annual report | notification) |
| For furth | er information co | oncerning this matter, please ca | · | Terricality) |
| Maen R | | | 954 849-749 at () | |
| | Name of | Person | Area Code Da | ytime Telephone Number |
| Enclosed | I is a check for th | e 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RASHID 1000, ELC | | 6 | | |
|---|---|------------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our records.) Liability Company) | T VE | | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on 03/20/2018 | and assigned | | |
| This amendment is submitted to amend the following: | | 7: 45 7: 45 | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Ligbil | lity Company," the designation "LLC" or the | abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 3060 N.E. 43rd STREET | | | |
| (Principal office address MUST BE A STREET ADDRESS) | FORT LAUDERDALE, FL 33308 | | | |
| | | - | | |
| Enter new mailing address, if applicable: | 3060 N.E. 43rd STREET | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | FORT LAUDERDALE, FL 33308 | | | |
| | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our records, ente | er the name of the new | | |
| registered agent and/or the new registered office address ner | <u>r</u> : | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | Florida _ | Zin 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

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> | Address | Type of Action |
|--------------|---------------|---------------------------|----------------|
| MGR | MAEN RASHID | 3060 N.E. 43rd STREET | |
| | | FORT LAUDERDALE, FL 33308 | Add |
| | | | □ Remove |
| | | | ■ Change |
| MGR | MARINA RASHID | 3060 N.E. 43rd STREET | |
| | | FORT LAUDERDALE, FL 33308 | |
| | | | Remove |
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| Effective date, if other of the effective date is listed Note: If the date insert document's effective details of the effective details. | I, the date must be spec ted in this block does | ific and cannot be p s not meet the app | dicable statutory | or more than 90 day | (optional) is after filing.) Pursual is, this date will not | nt to 605.0207 (be listed as t |
| he record specifies The 90th day aft | a delayed effect er the record is | tive date, but filed. | not an effect | ive time, at 12 | :01 a.m. on the | earlier of: |
| October 29 | | 2019 | | | | |
| | | | | $\gamma = 0$ | 1. | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00