

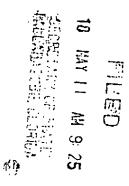
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COVER LETTER

TO:	Registration Sec Division of Cor			
SUBJE	ЕСТ:	AAS NORMAN Name of Limi	NY, LLC ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter (to the following:	
		FAYSUL	QUADIR Name of Person	***
		VAAs	NORMANNY Firm/Company	
			SIST ST Address	
		Ft. CAUDER	City/State and Zip Code	3334
		E-mail address: (t	o be used for future annual report notif	lcation)
For fur	ther information co	oncerning this matter, please ca	ill:	
	Name of	2JABIR Person	at (954) 529-9 Area Code Daytime	0638 e Telephone Number
Enclos	ed is a check for th	e following amount:		
		□ \$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

VAAS NO	RMANDY, LLC	
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L1800007265</u>	ility Company were filed on <u>M</u> o	arch 21, 2018 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here	¥
The new name must be distinguishable and contain the word	s "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	5 6
(Principal office address MUST BE A STREET)	ADDRESS)	三
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
		40
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Elmid	a street address
	Enter Pioria	
	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 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 Title Name <u>Address</u> Type of Action 760 NE 515 ST MGR TASIN QUADIR FT. CAUDERDACE, FC 33334 | Remove ☐ Change MGR FAYSUL QUADIR FT LAUDENDALE, FL 33334 - Remove ☐ Change ROSIO JURADO AMBR 260 NE SIST ST Ft. LANDERDACE, FL 33334 - Remove ☐ Change Add Change ؈ ☐ Remove ☐ Change ☐ Add ☐ Remove

□ Change

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ffective date if other th	an the date of	filing:		6	optional)
an effective date is listed, the	date must be speci	fic and cannot be p	rior to date of filin	g or more than 90 days	after filing.) Pursuant to 605.02
ote: If the date inserted if ocument's effective date of	n the Departmer	not meet the ap nt of State's reco	pricable statutory rds.	ming requirements	s, this date will not be listed a
e record specifies a d	elayed effect	ive date, but	not an effect	ive time, at 12:	01 a.m. on the earlier
The 90th day after t	ne record is f	iled.			
44.4.4.4		<u>.</u> .			
ated MAY 05		2018	·		
	_	The second		**	
	Signature	e of a member or a	authorized represer	ntative of a member	

Page 3 of 3

Filing Fee: \$25.00