## LIBOUCUBEI59

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(223,000 2,000)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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SECRETARY OF STATE

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## **COVER LETTER**

TO:		gistration Se ision of Cor				
OTEN	11:27:11	S&HH2018	BLLC			
SOR	JECT:					
			Amendment and fee(s) are submodence concerning this matter	-		
		·	AYESHA HUMAIR NASE	·		
			<u> </u>	Name of Person		
			S&HH2018LLC			
Firm/Company						
1359 WASHINGTON AVE Address						
				City/State and Zip Code		
			HUMAIR7@YAHOO.COM	M to be used for future annual report notific	eation)	
For fi	urther i	nformation c	oncerning this matter, please ca			
AYESHA HUMAIR NASEEM			SEEM	346 402 8106		
		Name o	f Person	Area Code Daytime	Telephone Number	
Enclo	osed is a	ı check for th	ne following amount:			
<b>■</b> \$	25.00 F	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 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

S&HH2018LLC			
(Name of the Limited Lia	hility Company as it now appears orida Limited Liability Company)	on our records.)	
(2.14)	nida isiniida Elabiniy Company)		
The Articles of Organization for this Limited Liabilit	y Company were filed on 04-06	6-2018	_ and assigned
Florida document number L18000088159	<del></del>		
This amendment is submitted to amend the following	ī:		
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 desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		<b>66</b> V S
			-9 -9
Enter new mailing address, if applicable:			R R R R R R R R R R R R R R R R R R R
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		<b>0</b> 8 8 8 9 9 9
			<u> 5</u>
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:		our records, <u>enter th</u>	e name of the new
New Registered Office Address:	Control Charles	a street address	<del></del>
	Liner r tortae	i street adaress	
_		, Florida	7: 6: 1
	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete performance of m d agent as provided for in Ch tered office address, I hereby	y duties, and I am far apter 605, F.S. Or, if	niliar with and this document is

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	HUMAIR NASEEM	1359 WASHINGTON AVE	□ Add
		MIAMI BEACH FL33139	■ Remove
			☐ Change
AMBR	MUHAMMMAD SAEED	1359 WASHINGTON AVE	
		MIAMI BEACH FL33139	■ Remove
			☐ Change
MGR	AYESHA HUMAIR NASEEM	1359 WASHINGTON AVE	<b>≅</b> Add
		MIAMI BEACH FL33139	
			Change
			□ Remove
		<del></del>	☐ Change
		- <del></del>	□ Add
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fective date, if (	other than the date of t	filing:				(optional)	
in effective date is l	isted, the date must be specifinserted in this block does	ic and cannot	be prior to da	te of filing or m	ore than 90 day	s after filing.) I	Pursuant to 605.0
	ve date on the Department			Statutory mini	g requirement	s, this date w	m not be usted
	fies a delayed effecti		but not ar	effective t	ime, at 12	:01 a.m. o	n the earlier
ine 90th day	after the record is fil	łea.					
08-07-2018	3						
ated		,	·				
	j	11 BM	May.				
		17_					
	Signature	of a member	or authorized	l representative	of a member		<u> </u>

Page 3 of 3

Filing Fee: \$25.00