

118000107610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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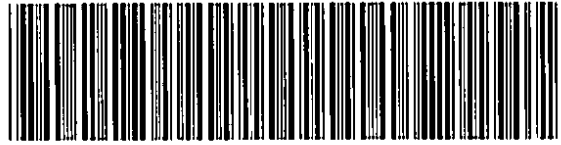
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

n BRUCE  
AUG 21 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JASIK Wholesale Distributors 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:

ABDUL SALAM  
Name of Person

JASIK Wholesale Distributors LLC.  
Firm/Company

4960 NW 165<sup>TH</sup> ST. BAY B-25  
Address

MIAMI GARDENS, FL 33014  
City/State and Zip Code

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

For further information concerning this matter, please call:

Abdul Salam at ( 305 ) 733-2626  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

TASIK Wholesale DISTRIBUTORS 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 APRIL 30, 2018 and assigned Florida document number L18000107610

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:

ABDUL SALAM

New Registered Office Address:

4960 NW 165TH ST. BAY B-25

Enter Florida street address

MIAMI GARDENS

Florida

33014

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.*

  
Abdul Salam  
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>
<u>MGR</u>	<u>Thomas Robidoux</u>	<u>5066 COCONUT BLVD.</u>	<input type="checkbox"/> Add
		<u>ROYAL PALM BEACH</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33411</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ZULFIQAR ALI</u>	<u>205 NE 161 ST.</u>	<input type="checkbox"/> Add
		<u>NORTH MIAMI BEACH</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33162</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>KALSOOM ALI</u>	<u>205 NE 161 ST.</u>	<input type="checkbox"/> Add
		<u>NORTH MIAMI BEACH</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33162</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>KATHLEEN ROBIDOUX</u>	<u>5066 COCONUT BLVD</u>	<input type="checkbox"/> Add
		<u>ROYAL PALM BEACH</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33411</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ABDUL SALAM</u>	<u>1724 NE 181 STREET</u>	<input checked="" type="checkbox"/> Add
		<u>NORTH MIAMI BEACH</u>	<input type="checkbox"/> Remove
		<u>FL 33162</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ISHFAQ ASGHAR</u>	<u>205 NE 161 STREET</u>	<input checked="" type="checkbox"/> Add
		<u>NORTH MIAMI BEACH</u>	<input type="checkbox"/> Remove
		<u>FL 33162</u>	<input type="checkbox"/> Change

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 RECORDS & COMMUNITY AFFAIRS  
 FLORIDA STATE  
 TALLAHASSEE, FLORIDA

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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TALLAHASSEE, FLORIDA

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TALLAHASSEE FLORIDA

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

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.

Dated 8-2-2018.

\_\_\_\_\_

Signature of a member or authorized representative of a member

Thommas Robidoux

Typed or printed name of signee