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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Rehana Saleem, 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:	
Rehana Saleem	
Rehana Saleem, LLC	
7145 NW 47 1 Way	
Coconut Creek, FL 33073  City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rehana Saleem at (954) 471-6471  Name of Person Area Code Daytime Telephone S	4
Name of Person Area Code Daytime Telephone S	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	0.00 Filing Fee, fertificate of Status & fertified Cupy additional cupy 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**

Rehand Saleem, LLC  (Name of the Limited Liability Company as it now apperatus) (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	
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	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	A Vil
(Mailing address MAY BE A POST OFFICE BOX)	= :
	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:  Emer I	Florida street address
	Florida
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.

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
AMBR	Rehana Saleem	301 NW 84th Aue #208	Add
_		Plantation, FL 33324	☐ Remove
			Change
			Add
			☐ Remove
			🗆 Add
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Effective (If an effecti	e date, if other than the date of filing:	(optional) more than 90 days after filing.) Pursuant to 605.0207 (
Note: If	the date inserted in this block does not meet the applicable statutory fill it's effective date on the Department of State's records.	ing requirements, this date will not be listed as t
document	it's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective of the day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated	07/09/18	
	Signature of a member or authorized representati	
	1 1 2 2	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00