

L18000256928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

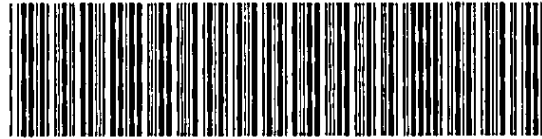
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100339895331

01/28/20--01021--013 **25.00

FILED
20 JAN 28 AM 10:26
U.S. DISTRICT COURT
N.D. CALIF. S.D. DISTRICT

FEB 22 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nadeem Gardens 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:

Fares Ehandour

Name of Person

Firm/Company

1852 NE 144 St

Address

North Miami, FL 33181

City/State and Zip Code

Fares_ghandar@yahoo.com

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

For further information concerning this matter, please call:

Fares Ehandour

Name of Person

at (305)

Area Code

392 7929

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Nadeem Gardens 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 11/01/2018 and assigned
Florida document number L18000254928

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)

FILED	20 JAN 28 AM 10:26	CLERK OF THE CIRCUIT COURT

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:

New Registered Office Address:

Enter 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:

MGF = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MG	Intiniti Real Estate	1852 NE 144 St	<input type="checkbox"/> Add
		North Miami, FL	<input checked="" type="checkbox"/> Remove
		33181	<input type="checkbox"/> Change
TR	GHANDOUR FAMILY TRUST	846 Paradiso Avenue	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
20 JAN 28 AM 10:26
CLERK OF DISTRICT COURT
JAN 28 2020

20 JAN 48 7 10 PM
SIOUX FALLS SIOUX
SOUTH DAKOTA

20 JAN 28 AM 10:26
SIOUX FALLS
SIOUX FALLS

1

11/01/2018

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.

Dated 12/27/2020

Signature of a member or authorized representative of a member

FARES G. HANOUR
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00