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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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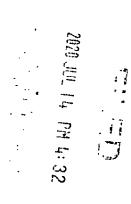
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JUL 1 4 2020

AUG 23 2020 S. YOUNG



COVER LETTER

TO: Registration So Division of Co			
FRIENDS SUBJECT:	RASOI LLC		
SUBJECT:	Name of Lin	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	MOHAMMED ANWAR	HUSSAIN	
		Name of Person	
	ATI ACCOUNTING TAX	& INS	
		Firm Company	
	269 N. UNIVERSITY DR	IVE	
	"	Address	· · ·
	PEMBROKE PINES FL 3	3024	
	TAXANWAR@GMAIL.C	City/State and Zip Code OM	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
RIAZ AKRAM		786 557-2119	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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 Addre	ss:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

FRIENDS RASOULLC

(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 I		were filed on	JULY 7TH 2020	ా and assigned
Florida document number 1.18000272065				
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liah	ility company	here:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," th	e designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:			-	
(Mailing address MAY BE A POST OFFICE	BOX)			·
P. If amending the registered exect and/or				
B. If amending the registered agent and/or agent and/or the new registered office addre	registerea office : ess here:	address on ou	r records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:	N/A	<u>.</u>		
New Registered Office Address:				
. Sa Magazerea Office i Militaria.		Enter F	lorida 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 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	NURUDDIN KASSIM	7130 N UNIVERSITY DRIVE TAMARAC, FL 3	33021
			□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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reffective date is t e: If the date i	other than the d listed, the date must b inserted in this bloc ive date on the Dep	se specific and car k does not mee	t the applicable	date of filing or n	nore than 90 days	optional) safter filing.) Pus s. this date will	rsuant to 605.020 not be listed a
cord specifies a s filed.	a delayed effective o	late, but not an	effective time	, at 12:01 a.m.	on the earlier o	of: (b) The 90	ith day after the
ed <u>7</u> —	-8-20 MM	20					
	N/Vs	1812	Here				
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Filing Fee: \$25.00