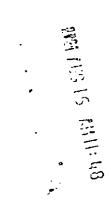
## 

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





09/16/21--01034--096 ++25.00



## **COVER LETTER**

TO:		ation Secti n of Corpo		•	
		CKYMEN			
SUBJE	C1:	_	Name of Lim	ited Liability Company	
The enc	losed Art	icles of An	nendment and fee(s) are sub	mitted for filing.	
Please r	eturn all c	correspond	ence concerning this matter	to the following:	
			JAWAD AKHTAR		
				Name of Person	
				Firm/Company	<u></u>
251 S STATE RD 7					
				Address	
			PLANTATION, FL 33317		
				City/State and Zip Code	
			JAWADAKHTAR@LIVE.		<del> </del>
<b>B</b> 6		. *		to be used for future annual report noti	neation)
For furt	her intorn	nation con	cerning this matter, please co	111:	
JAWA	D AKHT/	AR		872 302-3188 at ()	
		Name of Po	erson	Area Code Daytim	e Telephone Number
Enclose	d is a che	eck for the	following amount:		
<b>≡ \$</b> 25	.00 Filing	g Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address:	etion .	Street Address: Registration Sec	ction

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

LUCKYMENS LLC		
(Name of the Lim	ted Liability Company as it now app (A Florida Limited Liability Compan	<u>oears on our records.)</u> y)
The Articles of Organization for this Limited I	iability Company were filed on	12/05/2018 and assigned
Plorida document number L18000280488	<u> </u>	
This amendment is submitted to amend the fol	owing:	
A. If amending name, enter the new name of	of the limited liability company	<u> here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." tl	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
Inter new mailing address, if applicable:		σ
Mailing address MAY BE A POST OFFICE	ROY	Ē
maung waress beat the ATOST OFFICE	<u></u>	<del></del>
		<u> </u>
<ol> <li>If amending the registered agent and/or agent and/or the new registered office addre</li> </ol>		r records, enter the name of the new regist
Name of New Registered Agent:	JAWAD AKHTAR	·····
New Registered Office Address:	251 S STATE RD 7	
	Enter .	Florida street address
	PLANTATION	. Florida 33317
	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>	<u>Address</u>	Type of Action
MGR	BETHANN TAYLOR	251 S STATE RD 7	□Add
		PLANTATION, FL 33317	■Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□ Add
			-□Add
			C> CChange
			Change 
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	
			□Remove
			□Change

<del>-</del>							
							<u>_</u>
···						-	··
			<del></del>				<del>_</del>
							<u>-</u> _
							<u>- F-G-</u>
					_		1 
							-
	<u> </u>		· · <u> </u>			<u>.                                      </u>	<del>-</del>
		<u>-</u>				,	
							<del></del>
						<u> </u>	<u>ှိ</u>
						•	
		-					
					<u> </u>		
					-		
		<del>-</del>	_				<del></del>
ffective date, if other than the data an effective date is listed, the date must be total. If the date inserted in this block ocument's effective date on the Department.	e specific and o c does not mo	cannot be prior eet the applic	able statutor	g or more than y filing requi	(option 90 days after rements, this	filing.) Pursu	ant to 605.020 ot be listed a
record specifies a delayed effective of its filed.	ate, but not a	ın effective ti	me, at 12:01	a.m. on the	earlier of: (b	) The 90th	day after the
ated JULY 29		2021					
JAWAD AKHTAR	gnature of a m	ember or author	orized represe	ntative of a me	mber		
		Typed or printe	ad name of sie	10.00			<del>.</del>

Filing Fee: \$25.00