

L19000035495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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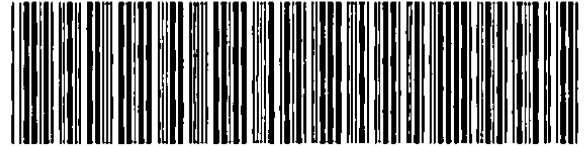
(Business Entity Name)

(Document Number)

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JUN 26 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: been vetted investigations & consultants 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:

abdullah a mujahid

Name of Person

been vetted investigations & consultants llc

Firm/Company

8270 woodland park blvd

Address

tampa fl 33614

City/State and Zip Code

gunnecmujahed@gmail.com

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

For further information concerning this matter, please call:

abdullah a mujahid 302 274-9120
at ()
Name of Person Area Code 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

been vetted investigations & consultants 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 2/4/2019 and assigned Florida document number L19000035495.

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)

abdullah a mujahid

8270 woodland park blvd

tampa fl 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

560 peoples plaza unit 271

newark de 19702

B. If amending the registered agent and/or registered office address on our records, enter the name of the 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 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 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>	<u>Type of Action</u>
mgr	abdullah a mujahid	560 peoples plaza unit 271 newark de 19702	<input checked="" type="checkbox"/> Add
		shon duran-mujahid 560 peoples plaza unit 271 newark de 19702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	shon duran-mujahid		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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