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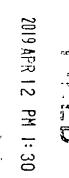
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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C. GOLDEN APR 2.2 2019

COVER LETTER

Division of Co	rporations	•	
Sultan Foo	ot & Ankle LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rishad Ahmed		
		Name of Person	
	Sultan Foot & Ankle LLC		
	-	Firm/Company	
	1125 NW 111th street		
		Address	
	Miami, FL 33168		
	Rishsa21@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please ea	ili:	
Rishad Ahmed		561 213-0127	
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)

TO:

Registration Section

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

FILED

SULTAN FOOT & ANKLE LLC

2019 APR 12 PM 1: 30

(Name of the Limit	(A Florida Limited Liability Company)	, .
The Articles of Organization for this Limited Li Florida document number <a "l.<="" "llc"="" abbreviation="" company,"="" designation="" href="https://limited.com/limited/limited-</th><th>iability Company were filed on 04/01/2019 and ass</th><th>E, ; È igned</th></tr><tr><td>This amendment is submitted to amend the follo</td><td>owing:</td><td></td></tr><tr><th>A. If amending name, enter the new name of</th><th>f the limited liability company here:</th><th></th></tr><tr><td>The new name must be distinguishable and contain the wo</td><td>ords " liability="" limited="" or="" td="" the=""><td>L.C."</td>	L.C."	
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, <u>enter the name</u> fice address here:	of the
Name of New Registered Agent:	<u> </u>	
tutte of the registered rigets.		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Florida City Zip Code	

New Registered Agent's Signature, it 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>	Name	<u>Address</u>	Type of Action
AMBR	Rishad Ahmed	1125 NW 111th street Miami, FL 33168	Add
			□ Change
			□ Add
		Remove	
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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itecti an effe	ve date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	April 9 2019
_	
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00