

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AVA FINANCIAL CONSULTANTS INC

Account Number : I20170000094

Phone : (954)842-1979

Fax Number : (954)905-4315

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

shawn.bhuiya@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHAWN & NASIR LLC**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

DEC 20 PM 3:48

DEC 20 PM 4:47

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DEC 23 2018

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: SHAWN & NASIR 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:

SHAWN BHUTYA

Name of Person

SHAWN & NASIR LLC

Firm/Company

7100 W MCNAB ROAD

Address

NORTH LAUDERDALE, FL. 33068

City/State and Zip Code

SHAWN.BHUTYA@GMAIL.COM

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

For further information concerning this matter, please call:

SHAWN BHUTYA

Name of Person

954
at ()
Area Code

651-8296

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

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

SHAWN & NASIR 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 JULY 18TH 2019 and assigned
Florida document number L19000185508

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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IN
AMASSIC FLORIDA

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:

SHAWN BHUTYA

New Registered Office Address:

7100 W. MCNAB ROAD

Enter Florida street address

NORTH LAUDERDALE

City

Florida 33068

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MD MAHAMUDUL HASSAN	729 SIESTA KEY TRL APT # 1315	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL. 33441-4083	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NASIR I. CHOHAN	NASIR I. CHOHAN	<input type="checkbox"/> Add
		8490 NW 27TH PLACE	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL. 33322	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CHANGE OF OWNERSHIP AND REGISTERED AGENT

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee