L19000227107

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2019 OCT -8 AM 9: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2019

COVER LETTER

	ion Section of Corporations
Ish R	ealty LLC
	Name of Limited Liability Company
	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Ishrat Ahmed
	Name of Person
	ish Realty LLC
	Firm/Company
	4109 Windmills Palm way
	Address
	Greenacres ,FL- 33463
	City/State and Zip Code ishratahmed@kw.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Ishrat Ahmed	561 827-5997 at ()_
N:	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fe	,

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

- ISH KEALLY, LL	C
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	rany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000227107</u>	y were filed on 09/08/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Ishrat Jahan Ahmed ,LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4109 Windmills Palmway
(Principal office address MUST BE A STREET ADDRESS)	Greenacres .FI-33463
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	ffice address on our records, enter the names of the series.
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			D Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			🗖 Remove
			Change
			Add
			Remove
			□ Change

E CC	
(If an el	tive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier og 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Ishrat Ahmed Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00