## L19000262540

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
ARGINV	7030 LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yasir BIlloo		
	<del> </del>	Name of Person	
		Firm/Company	
	2122 Hollywood Blvd.		
		Address	
	Hollywood, FL 33020		
	ybilloo@ilp.law	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Yasir Billoo		954 374-7722 at ()	
Name (	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	ha fallowing amount		
■ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
= 51 Thing rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 63:		The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARGINV 7030 LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000262540</u>	ny were filed on 10/31/2019	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	abil <u>ity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e address on our records, enter the name	PH 6: Pr registere
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	z.p Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity. I further agree te performance of my duties, and I am fan s provided for in Chapter 605, F.S. Or, if	niliar with and this document is

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	ARGINV Holdings LLC	PO BOX 266677	□Add
		WESTON, FL 33326	■Remove
			Change
MRG	Tahir Mahmood	PO BOX 266677	■Add
		WESTON, FL 33326	□Remove
			□Change
MGR	Asif Ghaffar	PO BOX 266677	■Add
		WESTON, FL 33326	□Remove
			□Change
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Note:	ive date, if other than the date is listed, the date inserted in this nent's effective date on the	s block does not i	meet the applic	able statutory til	more than 90 days ing requirements.	ptional) after filing.) Pursuan , this date will not	t to 605,0207 ( be listed as (
e recor rd is fil	d specifies a delayed effectled.	ctive date, but no	t an effective ti	ime, at 12:01 a.m	n. on the earlier o	f: (b) The 90th d	ay after the
	December 20		2019				
Dated	<del>-</del>	-		7			
Dated							

Filing Fee: \$25.00