

L19 000 262540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

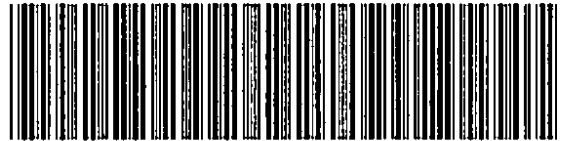
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 DEC 23 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

JAN 25 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARGINV 7030 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:

Yasir Billoo

Name of Person

Firm/Company

2122 Hollywood Blvd.

Address

Hollywood, FL 33020

City/State and Zip Code

ybiloo@ilp.law

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

For further information concerning this matter, please call:

Yasir Billoo

954

374-7722

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARGINV 7030 LLC

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 | ARGINV Holdings LLC | PO BOX 266677 | <input type="checkbox"/> Add |
| | | WESTON, FL 33326 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MRG | Tahir Mahmood | PO BOX 266677 | <input checked="" type="checkbox"/> Add |
| | | WESTON, FL 33326 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Asif Ghaffar | PO BOX 266677 | <input checked="" type="checkbox"/> Add |
| | | WESTON, FL 33326 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated December 20, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00