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121	ivision of Corp.	or activity	
CLUBICON	Shahid 6 LL0		The state of the s
SUBJECT	:	Name of Lim	ited Liability Company
			2 32
The enclose	ed Articles of Ar	nendment and fee(s) are sub	ited Liability Company mitted for filing.
Please retu	rn all correspond	lence concerning this matter	to the following:
		Muhammad Shahid	
			Name of Person
		Shahid 6 LLC	
			Pirm/Company
		19651 BRUCE B DOWN	IS BLVD
			Address
		TAMPA, FL 33647	
			City/State and Zip Code
		rehan@shahidmgmt.com	
		E-mail address: (to be used for future annual report notification)
For further	information con	cerning this matter, please e	ali:
Muhamma	ad Shahid		228 2130053
	Name of P	erson	at ()
Enclosed is	s a check for the	following amount:	
€ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
M	ailing Address:		Street Address:
Registration Section Division of Corporations		ction	Registration Section
			Division of Corporations
	O. Box 6327		The Centre of Tallahassee
T:	allahassee, FL	. 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shahid 6 LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	ability Company)	,	
The Articles of Organization for this Limited Liability Company v Florida document number L20000121135	vere filed on <u>05/05/20</u>	020	_ and assigned .
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	tion "LLC" or the abbro	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 adapted and/or the new registered office address here:	idress on our record	ls, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	17		
	Enter Florida str		
	Cin:	, Florida	Zin Coda
New Registered Agent's Signature, if changing Registered Agent:	City		z.ip Couc
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my d rovided for in Chapt	luties, and I am far er 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>	Address	Type of Action
AMGR	Muhammad FARHAN Shahid	8701 Front Beach Road, Panama City Beach Fl	_ 3
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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