L20000197101

(Req	questor's Name)	
(Add	Iress)	
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(City	//State/Zip/Phone	e #)
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(Doc	cument Number)	
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COVER LETTER

Registration Section

TO:

Division of Cor	porations	· ·	
	EAL ESTATE SERVICES LL	•	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Javed Edwards		
		Name of Person	
		Firm/Company	. 20
	8201 NW 47th Ct,		2020 DEC
		Address	- C F
	Lauderhill, FL 33351		, and a second s
	javed.edwards@gmail.co	City/State and Zip Code	PH 3: 12
	E-mail address: (to be used for future annual report no	otification)
For further information c	concerning this matter, please c	all:	
Christina Campbell		917 690-3925	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEVAJ REAL ESTATE SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited E	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on July 09, 2020	and assigned
Florida document number L20000197101		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Javed Edwards LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1845 NW 33RD ST,	2
Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH,	020
	FL 33064	E I
	,	6
Enter new mailing address, if applicable:		P. M
Mailing address MAY BE A POST OFFICE BOX		140 m
mung duress man me at our of the mon		12 F. 12
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	, I	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 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>	3	Type of Action
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				_ 🗆 Remove
				_ □ Change
				_ 🗆 Add
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ctive date, if other than t effective date is listed, the date i	he date of filing: must be specific and cannot be	prior to date of filir	ig or more than 90 day:	optional) s after filing.) Pur a this data will	rsuant to	605.020
e: If the date inserted in this ument's effective date on the	block does not meet the ap Department of State's rec	opticable statutor ords.	y ming requirement	s, this date will	not de	iistea i
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cord specifies a delayed effect filed.	rtive date, but not an effecti	ve time, at 12:01	a.m. on the earlier	of:(b) The 90	un day a	iler in
10.00	2020					
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10.09. ed	(1)					
ed	Signature of a member or					