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(Business Entity Name)
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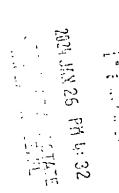
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COVER LETTER

Division of	Corporations					
AAA : SUBJECT:	SAHBUDAK PROPERTY LLC					
SUBJECT:	Name of Lit					
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.				
	respondence concerning this matte					
	AMBER J SAHBDAK					
	Name of Person					
	AAA SAHBUDAK PRO					
		Firm/Company				
	(11. 12.	Address				
	AMBER.J.HUGHES@GN	City/State and Zip Code 1AIL.COM				
	E-mail address:	tto be used for future annual report notifi	cation)			
For further informati	ion concerning this matter, please of	call:		2021		
AMBER J SAIIBU	DAK	904 554-0967 at ()		2024 JAN 26	6 3	
Na	me of Person	Area Code Daytime	Telephone Number			
Enclosed is a check	for the following amount:			PK 4: 3;	C)	
S25.00 Filing Fo	ee 330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate C Certified Co (additional cop	g Fee! (F) (C) of Status & C)		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAA SAHBUDAK PROPERTY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____09/08:2020 and assigned Florida document number L20000278519 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

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
MBR	AZAD BASAR SAHBUDAK	1608 DOCKSIDE DRIVE	
		FLEMING ISLAND FLORIDA 32003	■Remove
			Change
			□Add
			🗀 Remove
			\(\to\)Change
			□Add
			∐Remove
			☐ Change
			□Add □
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n effective date is	s listed, the date mu	ist be specific and	cannot be prior	to date of filing	or more than 90	days after fili	ng.) Pursuant	to <u>60</u> 5.020
<u>ste:</u> If the date cument's effect	inserted in this b tive date on the D	lock does not n Department of S	neet the applicate's records	able statutory t	iling requiren	ients, this di	ne will-not t	pe listed a _=
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	a delayed effectiv	re date, but not	an effective t	me, at 12:01 a.	m, on the earl	ier of: (b)	דה The 90th da	
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is filed.	/ 2ND		2024					
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is filed.	Y 2ND		2024					
is filed.	Y 2ND	Signature of a t		orized representa	tive of a member	er		

Filing Fee: \$25.00