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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 : (305)675-8465 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASIAN CHILLIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Help

Registration Section

From: Aimet Arenas

TO:

COVER LETTER

Division of Co	rporations		
	IILLIES LLC		
SUBJECT:		ited Liability Company	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	SHAHNAWAZ M KHAN		
		Name of Person	
	ASIAN CHILLIES LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4465 N UNIVERSITY DR		
		Address	
	EAUDERHILL, FL 33351		
		City/State and Zip Code	
	AIMET@EXPRESSTAXS	VCS.COM to be used for future annual report not	ification)
For further information	concerning this matter, please c	·	
SHAHNAWAZ M KIL	AN	786 599-9915	
Nume	of Person		ne Felephone 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 radditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>MailingAddre</u> Registration		<u>StreetAddress:</u> Registration Se	
	Corporations	Division of Co The Centre of	•
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASIAN CHILLIES LLC			
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited L. Florida document number L20000375447	iability Company were filed on 0-	¥05/2023	undassigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company h	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applic	able:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	DOV)		
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or ragent and/or the new registered office address		records, enter the name of t	he new registered
Name of New Registered Agent:	SHAIKII N MOHAMMED ABE	DUL RAUF	
New Registered Office Address:	4465 N UNIVERSITY DR		<u> </u>
		oridastreetaddress	Çī.
	LAUDERHILL City	Florida <u>33351</u> 	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.

Shaikh N Wohammed Abdul Rauf
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
AMBR	SHAHNAWAZ M KHAN	4465 N UNIVERSITY DR	□Add
		LAUDERHILL, FL 33351	≅Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			Change
			□Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

SHAHNAWAZ M KHAN

From: Aimet Arenas

). If amending any other inform	ation, enter change(s) here	e: (Attach additional sh	eets, if necessary.)	
· · · · · · · · · · · · · · · · · · ·				
	-			
	<u></u>			
C. Effective date, if other than the (If an effective date is listed, the date in Note: It the date inserted in this document's effective date on the	block does not meet the applic	able statutory filing requi	(optional) 90 days after filing.) Pursuant to 605.0 rements, this date will not be listed	0207 (3)(d as the
the record specifies a delayed effect scord is filed.	ive date, but not an effective ti	me, at 12:01 a.m. on the o	rarlier of: (b) The 90th day after	tlic
Dated APRIL 5	2023	<u> </u>		
	Shahnawaz M Signature of a member Gautho			

Filing Fee: \$25.00

Typed or printed name of signee