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SECRETARY OF STATE

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COVER LETTER

	egistration Se ivision of Cor				
ountror		ESTATE LLC			
SUBJECT	:	Name of Lin	nited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	bmitted for filing.		
Please retu	ırn all correspo	ondence concerning this matter	r to the following:		
		SHADI BADRAN			
Name of Person		· •			
		iTAX FINANCIAL GRO	UP	202 SEG T	
			Firm/Company		
		2960 VINELAND RD, S'	TE E	TLASS SEEVER	-
			Address	<i>!</i> ^ ``	(= -
		KISSIMMEE, FL 34746		PH 2:	
	City/State and Zip Code GREENSHADI@GMAIL.COM		- TE 8	• •	
		E-mail address:	(to be used for future annual report noti	fication)	
For further	information c	oncerning this matter, please of	call:		
SHADI B	ADRAN		407 507 - 0507 at ()		
	Name o	f Person		e Telephone Number	
Enclosed is	s a check for th	ne 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 enclo	
	lailing Addres	· 	Street Address:		
	egistration S ivision of C	Section Torporations	Registration Sec Division of Cor		
Ρ.	.O. Box 632	.7	The Centre of T	allahassee	
T	allahass <mark>e</mark> e. l	FL 32314	2415 N. Monro	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FZ REAL ESTATE LLC		
(<u>Name of the Limited Lini</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.21000004439	Company were filed on 12/24/2020	and assigned
This amendment is submitted to amend the following:	 · :	
A. If amending name, enter the new name of the li	imited liability company here:	
FARZANA ZALIL LLC	ۍ ساند.	202
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ubbi	
Enter new principal offices address, if applicable:	<u> </u>	# ****
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
	—————————————————————————————————————	
	. FL	
Enter new mailing address, if applicable:	— m	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name</u> e:	of the new register
Name of New Registered Agent:		
New Registered Office Address:	D Divi	
	Enter Florida street address	
	, Florida	
	City	Zio 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 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>	Type of Action
		-	□Add
			□Remove
			□ Change
		-	□Add
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot be prior to date of filing of ock does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pu filing requirements, this date wil	irsuant to 605,0207 (3 I not be listed as th
he record specifies a delayed effective ord is filed.	re date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 9	Ith day after the
Dated JUNE 21	. 2021		
Dated JUNE 21	2021 Signature of a member or authorized representa	ative of a member	

Filing Fee: \$25.00