

L21 0000 14918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

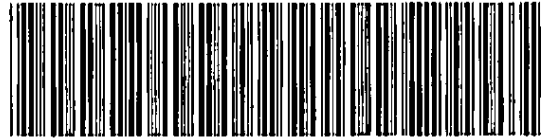
(Business Entity Name)

(Document Number)

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MAY 19 2021
R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fatemeh Borjian Consulting Services LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Max Adams
Name of Person

Themedi law Firm
Firm/Company

2151 S. Lejeune RD #806
Address

Coral Gables, FL, 33134
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Adams at (305) 444-3484
Name of Person Area Code Daytime Telephone 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 (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

Fatemeh Borjian Consulting Services, 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 1-4-2021 and assigned
Florida document number L21000014918.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fatemeh Borjian Consulting Services, LLC.

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)

8395 SW 73rd Ave

904

Miami, FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8395 SW 73rd Ave

904

Miami, FL 33143

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

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 Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Fixing name "FatemeH"

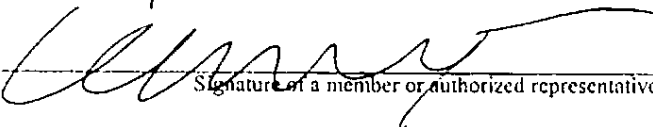
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3 / 1 / 2021



Signature of a member or authorized representative of a member

FATEMEH BORJIAN

Typed or printed name of signer

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L21000014918
FILED 8:00 AM
January 04, 2021
Sec. Of State
shawkes

Article I

The name of the Limited Liability Company is:

FATEMEN BORJIAN CONSULTING SERVICES, LLC.

Fatemeh

Article II

The street address of the principal office of the Limited Liability Company is:

8390 SW 72ND AVE
#501
MIAMI, FL. US 33143

The mailing address of the Limited Liability Company is:

8390 SW 72ND AVE
#501
MIAMI, FL. US 33143

Article III

Other provisions, if any:

ALL GENERAL BUSINESS

Article IV

The name and Florida street address of the registered agent is:

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC
4929 SW 74TH CT
MIAMI, FL. 33155

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MAX ADAMS