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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divis	ion of Cor	porations		
·.	ARZAMA/	AN ACCOUNTING SOLUTION	ONS LLC	•
SORTECT: -		Name of Lin	nited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		KASSIM SHAIKH		
			Name of Person	
		ARZAMAAN ACCOUNT	TING SOLUTIONS LLC	
Firm/Company				
176 GOLF CLUB DR				
			Address	
LONGWOOD FL 32779				
			City/State and Zip Code	•
		ARZAMAAN2015@GMA		
•		E-mail address: (to be used for future annual report not	ification)
For further info	ormation co	oncerning this matter, please c	all:	
KASSIM SHA	NKH		321 945-1757 at ()	
	Name of	f Person	321 945-1757 at ()	ne Telephone Number
Enclosed is a c	heck for th	ne following amount:		
≡ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address		Street Address:	
_	stration S		Registration Se	
	Box 632	orporations	Division of Col	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 HAY 25 PA 3: 49

ARZAMAAN ACCOUNTING SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

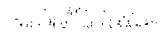
The Articles of Organization for this Limited Liability Company	were filed on 01/22/2021	and assigned
Florida document number L21000042791		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r 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 agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
	, Flori	
	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>	Address	21 MAY 26 PA 3: 49	Type of Action
MGR	KASSIM SCHEHERAZADE	176 GOLF CL	UB DR LONGWOOD FL 32779	■ Add
				□Remove
				□Change
		<u></u>		□Add
			· · · · · · · · · · · · · · · · · · ·	□Remove
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be pre- If the date inserted in this block does not meet the app	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0 clicable statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's recor	
ord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	
d 05-20-2021	
u	
,	
,	athorized representative of a member

Filing Fee: \$25.00