12100059256

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800359586048

02/08/21--01022--006 **25.00

MAR 2 6 2021 **S. YOUNG**



COVER LETTER

TO: Registration Section of Corp.		**	;
SUBJECT:	+ A RE Name of Lim	Holdings ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Saran	On Huwaiz Name of Person	
		Name of Person	
		Firm/Company	
	5 843 5	Chool Rd Address	
	New Port	Richey FC	34653
	SUMMY E-mail address: (i	Rickly FC City/State and Zip Code WW 2003 @ to be used for future annual report n	smail. com
For further information cor	ncerning this matter, please ca		
aigoul Name of I	Gow	at (<u>8/3</u>) <u>405</u>	-9622
// Name of I	Person	Area Code Days	time Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fce	☐ \$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

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>000</u>359438570 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 "LLC. 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 City 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>	Name	Address	Type of Action
<u>MGR</u>	Sarawan Huwaiz		□ Add
			Remove
		-	□Change
MGR	Darawan	5043 School Rd New Port Richey Fz. 3	XAdd
	Suleiman	New Port Richey FZ 3	4653 □Remove
			□Change
			⊡Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change

	
-	
/	
-	
ffective date, if other than the date of	filing: $2/2/202/$ (optional)
Note: If the date inserted in this block does ocument's effective date on the Department	s not meet the applicable statutory titing requirements, this date will not be used a
ocument 5 circotty o date of are o episterior	
record specifies a delayed effective date, b	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
0/2	20.2/
	
Pated $\frac{\mathcal{J}}{\mathcal{J}}$	1 // /a
\mathcal{J}/\mathcal{J}	(Mali)