

121000069098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

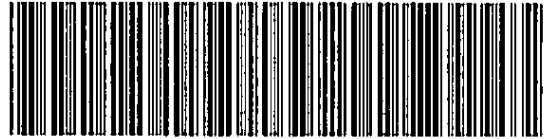
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

S.C.  
07/22/21



000368357750

06/29/21--01034--005 \*\*25.00

FILED  
2021 JUN 29 A 11:24

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AH & SONS REALTY GROUP 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 FEB. 15, 2021 and assigned  
Florida document number L21000069098.

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 "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 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 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>                 | <u>Type of Action</u>                   |
|--------------|-------------------------------|--------------------------------|---|
| MGR          | HALEEM SHAHNAWAZ <b>ABOUL</b> | 3110 N PINE ISLAND RD UNIT 105 | <input checked="" type="checkbox"/> Add |
|              |                               | SUNRISE, FL 33351              | <input type="checkbox"/> Remove         |
|              |                               |                                | <input type="checkbox"/> Change         |
| MGR          | HAFIZ RIZWAN HAKEEM           | 3110 N PINE ISLAND RD UNIT 105 | <input checked="" type="checkbox"/> Add |
|              |                               | SUNRISE, FL 33351              | <input type="checkbox"/> Remove         |
|              |                               |                                | <input type="checkbox"/> Change         |
|              |                               |                                | <input type="checkbox"/> Add            |
|              |                               |                                | <input type="checkbox"/> Remove         |
|              |                               |                                | <input type="checkbox"/> Change         |
|              |                               |                                | <input type="checkbox"/> Add            |
|              |                               |                                | <input type="checkbox"/> Remove         |
|              |                               |                                | <input type="checkbox"/> Change         |
|              |                               |                                | <input type="checkbox"/> Add            |
|              |                               |                                | <input type="checkbox"/> Remove         |
|              |                               |                                | <input type="checkbox"/> Change         |

2021 JUN 29 AM 11:24

2021 JUN 29 AM 11:24

(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)

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 June 23, 2021

X Iman Hakim  
Signature

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**