L21000251407

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

Office Use Only



500367428105

06/15/21--01015--032 **25.00

2021 JUH 11, AH 10: 53

COVER LETTER

TO:

Registration Section

Division of Corpora	tions			
	BOU	GIEHABIT LLC		
UBJECT:				
	Name of Lim	ited Liability Company		
he enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.		
lease return all corresponden	ce concerning this matter	to the following:		
		ABBAS ABDULRAZAK		
~		Name of Person		
		BOUGIEHABIT LLC		
-		Firm/Company		
		570 MONROE RD STE	1008	
_		Address		
		SANFORD, FL 3277	1	
_		City/State and Zip Code chhavi@kermaliepa.co		
_	E-mail address: (to be used for future annual re		
or further information conce	rning this matter, please c	all:		
ABBAS ABDULRAZAK	,	518	577-8748	
		at ()		
Name of Per	son	Area Code	Daytime Telepho	one Number
nclosed is a check for the fo	llowing amount:			
■ S25.00 Filing Fee □	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ado	dress:	
Registration Sect		Registrat	tion Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
	12314			
Name of Personce of Personal Pers	rning this matter, please common son. Ilowing amount: I \$30.00 Filing Fee & Certificate of Status ion corations	Address SANFORD, FL 3277 City/State and Zip Code chhavi@kermalicpa.co to be used for future annual re all: 518 at () Area Code Street Address Certified Copy (additional copy is enclosed) Street Address Registrat Division The Cent	Daytime Telepholosed) dress: tion Section of Corporatio	S60.00 Filin Certificate Certified Co (additional co)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOUGIEHAB			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears (liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company L21000251407 Lorida document number	were filed on	05/28/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	<u>:</u>	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the :	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	2021
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			<u> </u>
inter new mailing address, if applicable:			=
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the nai</u>	ne oj ine new registe
Name of New Registered Agent:			
New Devictored Office Address.			
New Registered Office Address:	Enter Florid	a 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

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	Type of Action
AMBR	IMRAN ABDULRAZAK	570 MONROE RD STE, 1008	
			= Add
		SANFORD FL 32771	
			Sitemore
			□Change
			□Add
			□Remove
			:- <mark>%</mark> □Change
			:- 8□Change C:-
			Add
			
			Remove
			Remove
			□Add
			Remove
			□ Change
			□Add
			
			□Remove
			□Change
			
			□Remove
			□ Change

		·	<u>. </u>	_	
					<u>.</u>
			= <u></u>		-
				-,	202
				_	
				· · ·	
					<u></u>
				:	
				- 5.4E	D: 53
				7.	
			<u> </u>		
			.=-	_	
Tective date, if other than the neffective date is listed, the date muste: If the date inserted in this blument's effective date on the D	ist be specific and cannot be prior to lock does not meet the applicab	date of filing or more dole statutory filing red	(option nan 90 days after fi quirements, this c	ling.) Pursua	ant to 605.020 of be listed a
ecord specifies a delayed effectivis filed.	ve date, but not an effective tim	ie, at 12:01 a.m. on th	e earlier of: (b)	The 90th	day after th
JUNE 8	2021				
ted		ile			
	Signature of a member or authori	and remainment	mambe-		

Filing Fee: \$25.00