

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARSIRI LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

2021 DEC 27 AM 9:54

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2021 DEC 27 AM 11:39

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C. BRUMBLEY

DEC 28 2021

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
CARSIRI LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 07/15/2021 and assigned Florida document number: L21000323954

**Article I**

**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."

**Article II**

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**)

\_\_\_\_\_

**Article IV**

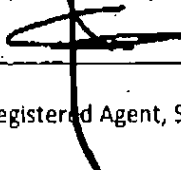
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: SAYFUR RAHMAN

New Registered Office Address: 902 N SEMORAN BLVD, ORLANDO FL 32807

**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

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CLERK OF DISTRICT COURT  
JULIA A. ROSS, CLERK

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**

Title	Name	Address	Type of Action
AMBR	SAYFUR RAHMAN	9101 KILGORE RD	REMOVE <input checked="" type="checkbox"/>
		ORLANDO, FL 32836	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	SAYFUR RAHMAN	902 N SEMORAN BLVD	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32807	ADD <input checked="" type="checkbox"/>


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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: December 23, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Sayfur Rahman / Owner AMBR

Typed or printed name of signee