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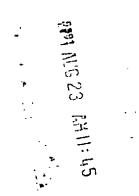
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Majestic Pa			
ouddeci.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Masud Alcem		
		Name of Person	
	Majestic Palms LLC		
		Firm/Company	
	748 E. Dorchester Dr.		_
		Address	
	St. Johns FL 32259		
	 	City/State and Zip Code	-
	mmaleem@yahoo.com		
	E-mail address: (to be used for future annual report no	otification)
or further information c	oncerning this matter, please c	all:	
Masud Aleem		904 536-8755 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

Registration Section
Division of Corporations

ΓO:

TO ARTICLES OF ORGANIZATION OF

Majestic Palms LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) July 20, 2021 The Articles of Organization for this Limited Liability Company were filed on and assigned L21000328726 Florida document number 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: Masud Aleem Name of New Registered Agent: 748 E. Dorchester Dr. New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

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.

City

St. Johns

If Changing Registered Agent, Signature of New Registered Agent

Florida

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Masud Aleem	748 E. Dorchester Dr.	≅Add
		St. Johns, FL 32259	□Remove
•			
MGR	Sameena Aleem	748 E. Dorchester Dr.	□Add
		St. Johns, FL 32259	■ Remove
			Change
			Add 23
			□ Remove □ □ □ □ Change
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	block does not meet the applicable st Department of State's records.	atutory filing requirements, t	his date w	vill not be listed
d specifies a delayed effecti led.	ve date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The	90th day after t
August 21	2021			
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