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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ALID ILIZE	Sulaima	n Alshaar, LLC				
SUBJECT:	Name of Lim	ted Liability Company		•		
	Amendment and fee(s) are sub					
Please return all correspo	ndence concerning this matter	to the following:				
		Jeannie Joseph				
		Name of Person		-		
		DiSalvo & Associates				
		Firm/Company				
		1760 N Jog Rd. #150				
	·	Address		-		
		West Palm Beach, FL 334111		₹	2022 JUN 27	
	 	City/State and Zip Code		, F" 	ZU.	1
		J.loseph@d-acpa.com		AHA.	27	ا مصعف محصت
For further information co	r:-mail address: (oncerning this matter, please c	o be used for future annual report notification)		SSEE	AM 11: 22	
Jeannie Joseph		561 659-1177		FL	: 22	
Name o	f Person	Area Code Daytime Teleph	one 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)	S60,00 Fi Certifica Certified (additional	te of Stat Copy	us &	
Mailing Addres Registration S		Street Address: Registration Section				
Division of C		Division of Corporation	ons			,

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Sulaiman Alshaar,LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		-
The Articles of Organization for this Limited Liab Florida document number	pility Company were filed on09/10/2021	and :	assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
	n Alshaar, PLLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	he abbreviation	"L.L.C."
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			7077
B. If amending the registered agent and/or req agent and/or the new registered office address	gistered office address on our records, <u>enter the there</u> :	-π,≂′	Ew registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florid:		
	City	Zip Co	ode

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	
AMRD =	Authorized	MAG

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Remove
			(☐Change
			∐Add
			ERemove
			☐ Change
			Alchange
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Offective date, if other than that fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more the block-does not meet the applicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 605.0207 nirements, this date will not be listed as
record specifies a delayed effec d is filed.	live date, but not an effective time, at 12:01 a.m. on the	c earlier of: (b) The 90th day after the
June 23 Dated	2022	
//	Signature of a member or authorized representative of a n	
John	Signature of a member or authorized representative of a r	nember
	Sulaiman Alshaar	
	Typed or printed name of signee	