L21000417202

(Request	or's Name)	
(Address)	<u> </u>	
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(City/Stat	e/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			
AT B 1 FO 4 82 COME	REALTY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MANJUR AHMED		
		Name of Person	
	MANJUR REALTY LLC		
	····	Firm/Company	
	511 80TH AVE N		
		Address	
	ST. PETERSBURG, FL 3	3702	
		City/State and Zip Code	
	MANJURAHMEDPALAS	~	
For further information	E-mail address: { concerning this matter, please c	to be used for future annual report not all:	ification)
MANJUR AHMED		727 320-6645 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for t	the 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 Addre		Street Address:	netia m
Registration Division of (Registration Se Division of Co	
P.O. Box 63.	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 12 PM 4: 23

MANJUR REALTY LLC

(Name of the Limited Liability Company as it now appears on our records CRETARY OF STATE (A Florida Limited Liability Company) TATE AHASSEE. Florida

The Articles of Organization for this Limited Liability Comp	pany were filed on SEPTEMBER 21.	2021 and assigned
Florida document number L21000417202		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
MANJUR AHMED LLC		
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	fice 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	
		rida
	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, <u>enter the title, name, and address of each person, being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
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`an effec <u>Note:</u> If	e date, if other than the date of filing: (optional) tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record :	
ated _	5th oct 2021 M. Shmed
	Signature of a member or authorized representative of a member