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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JAN 1 0 2023

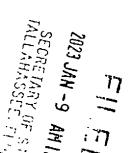
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2023 JAN -9 PH 4: 49
SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	Shahid	10 LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Muham	Name of Person	Shahid
		Firm/Company	
	77 5	Totale Age	•
	<u>Sava sot</u>	City/State and Zip Code	37
	Rehand Sl E-mail address: (t	City/State and Zip Code Nation WSMT-COM o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	dl:	
2 Chan Name of	Shahid	at (222) 2\3 Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 Address		Street Address:	tion
Registration S Division of Co		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Dollowing:

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:

Name of New Registered Agent:

Arendall Harrison Salt Ll

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

New Registered Office Address:

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	Muhammad F Statio	1401 Reed	angl Rel BAdd
	Statio	10107	□Remove
		Port Oranse	, PL 32129 □Change
			□Add
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an effectore: I	re date, if other than the date of filing:
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated _	1-9. 2023.
	Signature of a member or authorized representative of a member
	Muhamma Shahid

Filing Fee: \$25.00