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12/13/21--01018--002 **25.00



A. BUTLER
DEC 2 8 2021

COVER LETTER

TO: Registration Se Division of Cor			
	GROUP, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	MORWAN BIN AED		
		Name of Person	
	BIN AYED GROUP, LLC		
		Firm Company	
	245 NE 14TH STREET, A	PT 1405	
		Address	
	MIAMI, FL 33132		
		City/State and Zip Code	
	binaedgrouplle@gmail.com		
	E-mail address: (to be used for future annual report not	(fication)
For further information c	concerning this matter, please c	all:	
MORWAN BIN AED		305 98829912	
Name c	r Person	at () Area Code — Daytin	ie Telephone Number
Fnelosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	vetion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Falfahassee
Tallahassee,	FL 32314	2415 N. Monre	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIN AYED GROUP, LLC.		: 5
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any ay it now appears on our records.) Liability Company)	-17
The Articles of Organization for this Limited Liability Company	202 v were filed on OCTOBER 15, 2021	DEC 13 751 b. 3t
Florida document number 1.21000450827	1	Lemon E. F.
This amendment is submitted to amend the following:		anne at rt
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 BON)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		***
New Registered Office Address:		
New Neglacied Office Address.	Enter Florida street address	•
	. Florida	
	Cuv	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	eperformance of my dutics, and I am provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗆 Add
			∏Remove
			FlChange
			∏Add
			□Remove
			[]Change
			[[]Add
			[]Remove
			∐Change
			⊔Add
			∐Remove
			🗀 Change
			DAdd
			∐Remove
			[] Change

Effective date, if other than the date of filing: 12-07/2021		ADDRESS IS:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record 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 dis filed. DECEMBER 07	245 NE 14TH STRI	REET, APT. 1405, MIAMI, Ft. 33132
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