

h21000474883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

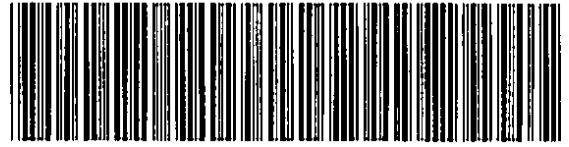
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K & D RAHIM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDY KIMOY AQUI-RAHIM

Name of Person

K&D RAHIM LLC

Firm/Company

9100 SUMMIT CENTRE WAY 303

Address

ORLANDO, FL 32810

City/State and Zip Code

AQUIRAHIM@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY KIMOY AQUI-RAHIM

at (347) 526-5928

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□ □ □ □ □

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

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>	<u>Address</u>	<u>Type of Action</u>
AP	DLANOR RAHIM	1024 EAST 99TH ST	<input type="checkbox"/> Add
		BROOKLYN, NY 11236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	AZZARA SADE RAHIM	9100 SUMMIT CENTRE WAY, 303	<input type="checkbox"/> Add
		ORLANDO, FL 32810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	DANIEL DLANOR RAHIM	1024 EAST 99TH ST	<input type="checkbox"/> Add
		BROOKLYN, NY 11236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	CHEYENNE HANNAH RAHIM	1024 EAST 99TH ST	<input type="checkbox"/> Add
		BROOKLYN, NY 11236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)

If 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 record is filed.

Dated 12/1, 2021.

Signature of a member or authorized representative of a member

JUDY KIMOY AQUI-RAHIM

Typed or printed name of signee

Filing Fee: \$25.00