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2021 DEC -5 AM II: 37

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co		•		
к & D	RAHIM LLC			
SUBJECT: K & D		ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.		
	ondence concerning this matter			
	J	UDY KIMOY AQUI-RAHI	М	
		Name of Person		
		K&D RAHIM LLC		
		Firm/Company		
	9100 SU	MMIT CENTRE WAY 303		
		Address		
	ORLANDO, FL 32810			
		City/State and Zip Code		
	AQU	IRAHIM@AOL.COM		
	E-mail address: (to be used for future annual report not	ification)	
For further information	concerning this matter, please ca	all:		
JUDY KIMO	Y AQUI-RAHIM	347 526-592	28	
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection	
Division of 0		Division of Co	Division of Corporations	
P.O. Box 63		The Centre of	Tallahassee De Street, Suite 810	
Tallahassee.	FL 32314	Z410 IV. MOHU	Je onicet, Duite 010	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&D RAHIM I	.LC	
(Name of the Limi	ited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L21000474883		and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli	cable:	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	2 2
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>e</u> ess here:	
Name of New Registered Agent:	JUDY KIMOY AQUI-RAHIM	OF STA
New Registered Office Address:	Enter Florida street a	address
		_, Florida
	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 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>	Name	<u>Address</u>	Type of Action
AP	DLANOR RAHIM	1024 EAST 99TH ST	□Add
		BROOKLYN, NY 11236	K Remove
,	•		. Change
AR	AZZARA SADE RAHIM	9100 SUMMIT CENTRE WAY, 303	□Add
		ORLANDO, FL 32810	[☑Remove
AR	DANIEL DLANOR RAHIM	1024 EAST 99TH ST	□Add
		BROOKLYN, NY 11236	
			□Change
AR	CHEYENNE HANNAH RAHIM	1024 EAST 99TH ST	
		BROOKLYN, NY 11236	De Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

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recon d is fil	d 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 ed.
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	Falm
	\(\frac{1}{2}\)
	Signature of a member or authorized representative of a member

1 , . . .

Filing Fee: \$25.00