

K21 000 474 942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

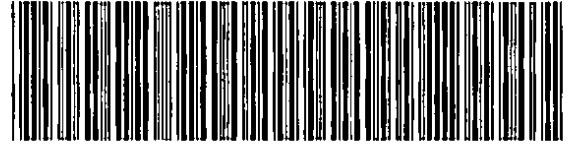
(Business Entity Name)

(Document Number)

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2021 NOV 17 AM 11:03
FBI ARIZONA
12-6-21
AS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAQ 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:

MUHAMMAD AMMAR A QURESHI

Name of Person

MAQ LLC

Firm/Company

2801 BIRCHCREEK DR

Address

WESLEY CHAPEL, FL 33554

City/State and Zip Code

am.marqureshi321@gmail.com

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

For further information concerning this matter, please call:

MUHAMMAD AMMAR A QURESHI

at (202)

922-9181

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAQ LLC

(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 11/02/2021 and assigned
Florida document number L21000474942

This amendment is submitted to amend the following:

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:

New Registered Office Address:

Enter Florida street 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	TANVIR QURESHI	2801 BIRCHCREEK DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33554	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	NAILA TANVIR	2801 BIRCHCREEK DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33554	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	MUHAMMAD AMMAR A QURESHI	2801 BIRCHCREEK DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33554	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MUHAMMAD AMMAR A QURESHI	2801 BIRCHCREEK DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33554	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 EAST ANASSEE FLORIDA
 STATE

SECRET
TALLAHASSEE

(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 605.0207TS(h);

2021 NOV 17 AM 11:03
STANDARD TIME
T-10

Dated 11/08/21

MUHAMMAD AMMAR A QURESHI

Filing Fee: \$25.00