L21000505644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

ertified Copies _____ Certificates of Status _____

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2023 JAN 24 PM 2:18

01/24/23--01009--011 **25.00

JAN 24 2023

COVER LETTER

Registration Section
Division of Corporations

JECT: Rawad LLC
Name of Limited Liability Company

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

se return all correspondence concerning this matter to the following:

Aaid Algahtani
Name of Person

Rawad LLC / Rice Kingdom
Firm/Company

4727 Crawfordville Rd, Unit 4
Address

Tallahassee, FL, 32305
City/State and Zip Code

rawad2021rar@gmail.com
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

Aaid Algahtani at (812) 3610718
Name of Person Area Code Daytime Telephone Number

losed 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

Rawad LLC

2023 JAN 24 PM 2:18

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

Articles of Organization for this Limited Liability Company were filed on 01/24/2023 and assigned
da document number L21000568644

s amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

ter new principal offices address, if applicable:
incipal office address MUST BE A STREET ADDRESS)

4727 crawfordville Rd, Unit 4
Tallahassee, FL, 32305

ter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)

4727 crawfordville Rd, Unit 4
Tallahassee, FL, 32305

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: ~~Zembus~~ Saif Gilani

New Registered Office Address: 1331 Hancock st
Enter Florida street address

Tallahassee, Florida 32304
City *Zip Code*

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

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

Saif Gilani

If Changing Registered Agent, Signature of New Registered Agent

ding Authorized Person(s) authorized to manage: _____
ved from our records:

= Manager
= Authorized Member

	Name	Address	Type of Action
BR	Aaid Algaltani	2500 Merchants Road Blvd APL 243 Tallahassee, FL, 32311	☑Add ☐Remove ☐Change
gR	Saif Gilani	1331 Hancock St Tallahassee, FL, 32304	☑Add ☐Remove ☐Change
gR	Zhor Bentouhi	1089 Rockonia ct Tallahassee, FL 32311	☐Add ☑Remove ☐Change
IR	~~[illegible]~~ Yousef Binmahfooz	2677 old Bainbridge Rd Tallahassee FL, 32301	☐Add ☑Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change

nending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ctive date, if other than the date of filing: _____ **(optional)**

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)

e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.

ord 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 filed.

ed January 24, 2023.

Signature of a member or authorized representative of a member

Aaid Alqahtani

Typed or printed name of signee

Filing Fee: $25.00