

L2100050864/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

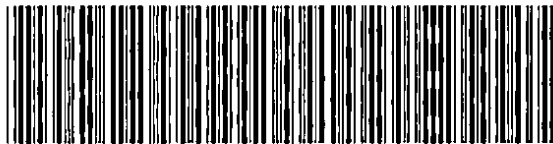
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800389831618

2023 JAN 24 PM 2:18

477 30

01/24/23--01003--011--\$25.00

Q

PM 1:57

JAN 24 2023

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Rawad LLC
Name of Limited Liability Company

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

Please 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

rawad202rar@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaid Algahtani at (812) 3610718
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

Rawad LLC

2023 JUN 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
a document number 121000508644.

An amendment is submitted to amend the following:

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)

4727 Crawfordville Rd, Unit 4
Tallahassee, FL, 32305

Enter 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:

ZEBUS Saif Gilani

New Registered Office Address:

1331 Hancock St

Enter Florida street address

Tallahassee, Florida 32304

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.

Aud Aghani

If Changing Registered Agent, Signature of New Registered Agent

Adding Authorized Person(s) authorized to manage 2020-2021
removed from our records:

- Manager
- = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	
BR	Aaid Algaliti	2500 Merchants Row	☒ Add	APL 243
		Tallahassee, FL, 32311	☐ Remove	
			☐ Change	
BR	Saif Gilani	1331 Hancock St	☒ Add	
		Tallahassee, FL, 32304	☐ Remove	
			☐ Change	
BR	Zhor Bentout	1089 Rockouta Ct	☐ Add	
		Tallahassee, FL 32311	☒ Remove	
			☐ Change	
BR	2677 Old Bainbridge Rd Yousef Binmahfouz	2677 Old Bainbridge Rd	☒ Add	
		Tallahassee FL, 32301	☒ Remove	
			☐ Change	
			☐ Add	
			☐ Remove	
			☐ Change	
			☐ Add	
			☐ Remove	
			☐ Change	

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

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)

e: 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.

Word 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.

Aaid Alqabani
Signature of a member or authorized representative of a member

Aaid Alqabani
Typed or printed name of signer

Filing Fee: \$25.00