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## **COVER LETTER**

TO:

Registration Section

Div	ision of Corp	porations			
cup icar.	Rawad LLC		ŧ	<b>.</b>	b
SUBJECT:	<del></del>	Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
			Name of Person		
		ZenBusiness INC			
			Firm/Company		
		336 E. College Ave Suite I	301		7. 3
			Address		1.,
Tallahassee, FL 32301					
City/State and Zip Code					
		fulfillment@zenbusiness.co			
			to be used for future annual report noti	fication)	
For further in	nformation co	oncerning this matter, please co	ail:		
c/o ZenBus	iness INC		844 493-6249 at ( )		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a	a check for th	e following amount:			
<b>■</b> \$25.00 B	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & oy
	iling Address		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	D. Box 632		The Centre of Tallahassee		
Tal	llahassee, F	TL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rawad LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/1/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4727 Crawfordville Rd	
Principal office address MUST BE A STREET ADDRESS)	Unit 4	
	Tallahassee, FL 32305	
		, 1 
Enter new mailing address, if applicable:	4727 Crawfordville Rd	·.
Mailing address MAY BE A POST OFFICE BOX)	Unit 4	· ·
	Tallahassee, FL 32305	•••
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u> o	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	E1	da
	, Flori	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>	Address	Type of Action
MGR	Saif Hussain Gilani	1331 Hancock st	■Add
		Tallahassee, FL 32304	□Remove
			□Change
			□Add
			□ Remove
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<del></del>		
		**
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ock does not meet the applicable stat	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 tutory filing requirements, this date will not be listed a
e record specifies a delayed effective d is filed.	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after th
Dated	. 2022	
	/s/ Saif Hussain Gilani,	