## 121000528351

	(Requestor's Name)
<del></del>	(Address)
<del></del>	(Address)
	(City/State/Zip/Phone #)
PICK-UI	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	Office Use Only



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SECRETARY OF STATE OF OTHER OF CORPORATION OF CORPORATION OF CORPORATION

T. MATTHEWS MAY 1 1 2022



April 11, 2022

ANILA KHAN 15259 MONTESINO DRIVE ORLANDO, FL 32828

SUBJECT: FNA TRUCK DISPATCH LLC

Ref. Number: L21000528351

We have received your document for FNA TRUCK DISPATCH LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PROVIDE THE ADDRESS FOR EACH AUTHORIZED PERSON(S) BEING ADDED TO OUR RECORDS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 122A00008336

Tekayla T Matthews OPS

www.sunbiz.org

## COVER LETTER '

TO:	Registration Se Division of Cor			
				RECEIVED
SUBJE	FNA Truck CT:	Dispatch		7.56
		Name of Lim	ited Liability Company	2022 APR 21 AM 7: 56
				SECRETAIN OF STATE TALLAHASSES. FL
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	TALLAMASSEE.FL
Please 1	return all correspo	ndence concerning this matter	to the following:	
		Anila Khan		
			Name of Person	
		FNA Truck Dispatch		
			Firm/Company	
		15259 Montesino drive		
			Address	<del></del>
		Orlando, Fl 32828		
			City/State and Zip Code	····
		arif_anila@yahoo.com		
For furt	her information co	ne-man address: ( concerning this matter, please co	to be used for future annual repo	or notification)
				140
Anila K			352 602 94 at ()	
	Name of	Person	Area Code I	Daytime Telephone Number
Enclose	d is a check for th	e following amount:		
□ <b>\$</b> 25	i.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
4	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	The Centre 2415 N. M	<del></del>

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

FILED DRETARY OF STATE ION OF CORPORATIONS

FNA Truck Dispatch

22 APR 21 AM 9: 05

(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 12/12/2021 and assigned Florida document number L21000528351 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: Arif Mehmood Khan Name of New Registered Agent: 15259 Montesino drive New Registered Office Address: Enter Florida street address Orlando City

## 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

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added a removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Farhan Khan		□Add
			Remove
			□Change
CEO	Anila Khan		<b>=</b> Add
			□Remove
			□Change
Manager	Arif Mehmood Khan		
			Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			! □ Add
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_	LLC	<u> </u>	hme	wil	15	cy	Same.
fan effed <u>Note:</u> I		date must be sp this block d	ecific and cannoes not meet t	he applicable st			nal) filing.) Pursuant to 605.02 date will not be listed
e record d is file		effective date	e, but not an el	ffective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day after th
Dated _	1rach 20			· )			II.

Typed or printed name of signee