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below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 : (786)239-9353 Phone Fax Number : (305)675-8465

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: AIMET@EXPRESSTAXSVCS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALASHIRWAD LLC

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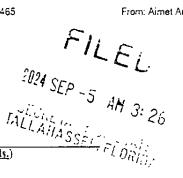
COVER LETTER

TO: Registration S Division of Co			
	RWAD LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspondence	ondence concerning this matter	to the following:	
	SAYED M. KAMAL		
		Name of Person	
	SAI ASHIRWAD LLC		
		Firm/Company	
	2758 N. UNIVERSITY D	R	
		Address	
	SUNRISE, FL 33322		
		City/State and Zip Code	
	AIMET@EXPRESSTAXS		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please o	ali:	
SAYED M. KAMAL		908 943-6134 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration	· · ·	<u>Street Address;</u> Registration Sc	ection
Division of O P.O. Box 632		Division of Co The Centre of	
Tallahassee,			ne Street, Suite 810

Tallahassee, FL 32303

2024-09-05 20:07:46 GMT

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



From: Aimet Arenas

SALASHIRWAD 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 I Florida document number L21000530449	Liability Company were	filed on 12/17/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability c	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appil	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>	-	
B. If amending the registered agent and/or agent and/or the new registered office addre	• •	ess on our records, <u>enter fl</u>	he name of the new registered
Name of New Registered Agent:	SAYED M. KAMAL	<u>-</u>	
New Registered Office Address:	2758 N. UNIVERSIT	ΓY DR	
	•	Enter Florida street address	
	SUNRISE	, Flor	rida <u>33322</u>
	C	Ciņ [,]	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.

Sayed M. Karnal

If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 5

□Change

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 = N AMBR = A	Tanager Authorized Member	2024 SEP - 5 AM 3: 26 Address	
Title	<u>Name</u>	Address FALLAH COLOR	Type of Action
AMBR	SANJOY K. SAHA	10314 SW 23RD CT $\frac{VUASSEE}{VUASSEE} = \frac{VUASSEE}{VUASSEE}$	□Add
		DAVIE, FL 33324	≣ Remove
			[]Change
AMBR	MOHAMMED M. AL RIYAD	2758 N. UNIVERSITY DR	□Add
		SUNRISE, FI. 33322	ERemove
AMBR	MOHAMMED S. HASAN	2758 N. UNIVERSITY DR	🗆 Add
		SUNRISE, FL 33322	Remove
			□Change
AMBR	MUHAMMAD M. BHUYAN	2758 N. UNIVERSITY DR	□Acd
		SUNRISE, FL 33322	🔀 Кеточе
			□Change
AMBR	HAFIZ RIZWAN HAKEEM	2758 N. UNIVERSITY DR	_ ⊠Add
		SUNRISE, FL 33322	□Remove
			□Change
			🗆 Add
			□Remove

D. If amending any other informatio				
			720	
		··· -	SE SE	FILED
			-5 NSST	
			(7) 星	
			3: 2:	
C. Effective date, if other than the di (If an effective date is listed, the date must b <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to k does not meet the applicab	date of filing or more than 90 da ole statutory filing requiremen	(optional) sys after filing.) Pursuant to 605.020 nts, this date will not be listed a	07 (3)(b) as the
f the record specifies a delayed effective of the filed.	late, but not an effective tim	e, at 12:01 a.m. on the earlie	r of: (b) The 90th day after th	ie
SEPTEMBER 04 Dated	2024			
	Sayed M. 1	Kamal ized representative of a member		
Si	gnature of a member or author	zed representative of a member		

Filing Fee: \$25.00

Typed or printed name of signee