

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L21000530449

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : I20220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

2024 SEP -5 AM 3:20
ALABAMA STATE FILING

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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
SAI ASHIRWAD LLC

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Corporate Filing Menu

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K. SALY

SEP - 6 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAI ASHIRWAD LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SAYED M. KAMAL

Name of Person

SAI ASHIRWAD LLC

Firm/Company

2758 N. UNIVERSITY DR

Address

SUNRISE, FL 33322

City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAYED M. KAMAL

908 943-6134
at ()

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**

SAI ASHIRWAD LLC

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

FILED
2024 SEP -5 AM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/17/2021 and assigned
Florida document number L21000530449.

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 "L.L.C." 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:

Name of New Registered Agent:

SAYED M. KAMAL

New Registered Office Address:

2758 N. UNIVERSITY DR

Enter Florida street address

SUNRISE

, Florida 33322

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.

Sayed M. Kamal

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

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2024 SEP -5 AM 3: 26

TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SANJOY K. SAHA	10314 SW 23RD CT	<input type="checkbox"/> Add
		DAVIE, FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOHAMMED M. AL RIYAD	2758 N. UNIVERSITY DR	<input type="checkbox"/> Add
		SUNRISE, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOHAMMED S. HASAN	2758 N. UNIVERSITY DR	<input type="checkbox"/> Add
		SUNRISE, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MUHAMMAD M. BHUYAN	2758 N. UNIVERSITY DR	<input type="checkbox"/> Add
		SUNRISE, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HAFIZ RIZWAN HAKEEM	2758 N. UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

