h22 90000 9628

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(Re	questor's Name)	
(Ade	dress)	
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(Cit	y/State/Zip/Phone	#h
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
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(Da	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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STORE FARE OF STATE
STATE OF CORPORATIONS
22 JUL 25 PH 3: 11

T. MATTHEWS JUL 28 2022



RECEIVED

2022 JUL 25 PH 12: 54

St. TALLA LIETAFL

July 8, 2022

NATALIA ARCUS 9150 PINEVILLE DRIVE LAKE WORTH, FL 33467

SUBJECT: SAAHIL & SAAFIN REALTY LLC

Ref. Number: L22000009628

We have received your document for SAAHIL & SAAFIN REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tekayla T Matthews OPS

Letter Number: 922A00015288

COVER LETTER |

TO: Begistration S Division of Co		٠.	•
	SAAFIN REALTY LLC		•
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	NATALIA ARCUS		
		Name of Person	
		Firm/Company	
	9150 PINEVILLE DRIVE	Address	
	LAKE WORTH, FL 33467	7	
	mnsbmanagementinc@gma	City/State and Zip Code il.com	
	E-mail address: (to be used for future annual report noti	ication)
For further information	concerning this matter, please co	all:	
NATALIA BABUR		954 612-7735 at ()	
Name	of Person	Area Code Daytim	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SLORETARY OF STATE
DIVISION OF CORPORATIONS

22 JUL 25 PH 3: 11

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

(1)	t i torida Emilica Ela	unity company)		
The Articles of Organization for this Limited Lia	<u>~</u>	ere filed on	14ary 3,21	022and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	"ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	(OX)	***		
		<u> </u>		
B. If amending the registered agent and/or re agent and/or the new registered office address		dress on our record	s, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Nat	alia Avc	us	
New Registered Office Address:	9150	alia Ave Piweville Enter Floridu stre	pet address	
				33467 Zip Code
New Registered Agent's Signature, if changing Ro		•		•
I have he against the appointment as registered	Lagant and agrees	no act in this canac	ite I further aa	ree to comply with the

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	NATALIA ARCUS	9150 PINEVILLE DRIVE	□Add
		LAKE WORTH, FL 33467	■Remove
P	NATALIA BABUR	9150 PINEVILLE DR	■Add
		LAKE WORTH, FL 33467	Пр
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			Change
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ffective date, if other than the an effective date is listed, the date mu <u>Sote:</u> If the date inserted in this b	st be specific and ca ock does not mee	nnot be prior to a t the applicabl	date of filling or more e statutory filling re	(option than 90 days after fi equirements, this	ling.) Pursuant to 605.02
ocument's effective date on the D	epartment of Stat	e`s records.			
record specifies a delayed effective is filed.	e date, but not an	effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
Pated MAY 2	<u> </u>	2022			
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