

h22000037552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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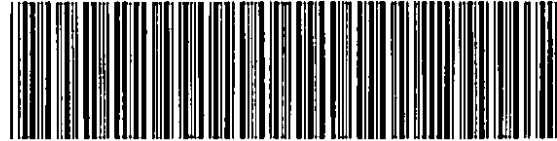
(Business Entity Name)

(Document Number)

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FILED

2022 JUN 22 PM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

SEP 13 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALLI ENTERPRISES 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:

IMRAN ALLI

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5978 SW 112TH DR

\_\_\_\_\_  
Address

COOPER CITY FL 33330

\_\_\_\_\_  
City/State and Zip Code

IMRANP.ALLI@GMAIL.COM

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

For further information concerning this matter, please call:

IMRAN ALLI

at ( 954 ) 478-1904

\_\_\_\_\_  
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**

**FILED**

ALLI ENTERPRISES LLC

2022 JUN 22 PM 6:00

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

(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/14/2022 and assigned  
Florida document number 38-4210273

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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KHADIJAH T ALLI		<input type="checkbox"/> Add
		13916 LANGLEY PL DAVIE FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAJDAI BHIKAM		<input type="checkbox"/> Add
		4551 HUNTON DALE RD NW CONCORD NC 28027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMEER ALAN HUSSAIN	3820 NW 78TH LANE HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANWAR ALLI		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5978 SW 112TH DR COOPER CITY FL 33330	<input checked="" type="checkbox"/> Change
AMBR	IMRAN ALLI		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5978 SW 112TH DR COOPER CITY FL 33330	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

REMOVE AMBR - KHADIJAH ALLI

REMOVE AMBR - RAJDAI BHIKAM

ADD AMBR - AMEER ALAN HUSSAIN

CHANGE ADDRESS AMBR - ANWAR ALLI

CHANGE ADDRESS AMBR - IMRAN ALLI

CHANGE PRINCIPAL/MAILING ADDRESS - 5978 SW 112TH DR COOPER CITY FL 33330

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 25th, 2022



Signature of a member or authorized representative of a member

IMRAN ALLI

Typed or printed name of signee