

122 0000 43806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

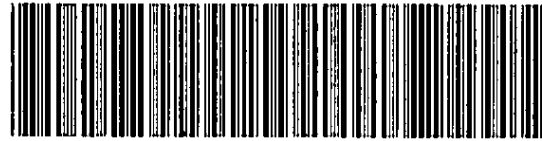
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

Y. SCOTT
FEB 19 2022

At the time I filed request to
Form LLC, I have mentioned
Myself Manager as a
Authorize person.

However it Shows in the
Record NONE and due to this
reason I am unable to open
Bank account. I do not
Understand why I have to file
Amendment and Pay Fee.

Please expedite and I
appreciate it Very much
Have a Good Day.

Thank You.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ETGS 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:

ZAHOR AHMED
Name of Person
ETGS LLC
Firm/Company
11150 WARM WIND WAY
Address
WEEKI WACHIEE
City/State and Zip Code
FLORIDA 34613
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

ZAHOR AHMED 908 405 8435
Name of Person at () 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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

ETGS 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 Liability Company were filed on JANUARY 24, 2022 and assigned
Florida document number L22000043806.

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)

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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

_____, **Florida**
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.

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>
MGR	ZAHOOR AHMED	11150 WARM WIND WAY	<input checked="" type="checkbox"/> Add
		WEEKI WACHEE, FL 34613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HAMZA AHMED	11150 WARM WIND WAY	<input checked="" type="checkbox"/> Add
		WEEKI WACHEE, FL 34613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IFFAT AHMED	11150 WARM WIND WAY	<input checked="" type="checkbox"/> Add
		WEEKI WACHEE, FL 34613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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(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)

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.

January 24th, 2022

Signature of a member or authorized representative of a member

ZAHoor AHMED

Typed or printed name of signee

Filing Fee: \$25.00