L22000046312

(Req	uestor's Name)	
(Add	lress)	
(Add	ress)	
(City,	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nai	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	





700382095017

02/28/22--01025--006 ++25.00

2021 FEB 28 PM 4: 15 SECRETARY OF STATE

A. BUTLER MAR - 8 2022

COVER LETTER

		COVERCEIL		
TO: Registration Se				
Division of Cor	porations			
DUAA & A	NAYIZE LLC			
SUBJECT:		,		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
·	_			
	DUAA ANWAR			
		Name of Person		
		Firm/Company		
	1839 SW 81ST LANE			
		Address	··········	
	DAVIE, FL 33324			
		City/State and Zip Coc	le	
	E-mail address: (to be used for future annu	al report notification)	
For further information o	oncerning this matter, please c	all:		
DUAA ANWAR		954 (at ()	696-5844	
Name o	r Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
S25,00 Filing Foe	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is a	Certificate of Status	
Mailing Addres	ss:	<u>Street</u>	Address:	
Registration		Registration Section		
Division of C		Division of Corporations		
P.O. Box 632		The C	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

FILED

DUAA & AAYIZE LLC

(Name of the Limited Liability Company as it now appear to buffer ods. Ph 4: 15

B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida . City		o Code
Name of New Registered Agent:	Enter Florida :	street address	
Name of New Registered Agent:			
agent and/or the new registered office address here:			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:			
D. M	address on our reco	rds, enter the name of	the new registered
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
(2. Mayer office maness moder DE 71 BTREET MIDDRESS)			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbrevi	ation "L.L.C."
DUAA & AAYIZ LLC			
A. If amending name, enter the new name of the limited liah	oility company here:	:	
this amendment is submitted to amend the following:			
This amendment is submitted to amend the following:			
Florida document number 1.22000066312 This amondment is submitted to amond the following.			

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 rensoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
	<u> </u>		□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□ Add
		 	□Remove
			□ Change

				· · · · · · · · ·
				
				
				-
			<u> </u>	
				
			-	
ective date, if other than the date of	filing:		(optional)	
ective date, if other than the date of a effective date is listed, the date must be specite: If the date inserted in this block does	fic and cannot be prior to	date of tiling or more that le statutory filing requ	in 90 days after filing.) Pu irrements, this date wil	rsuant to 605.0207 I not be listed as
cument's effective date on the Departmer	n of State's records.			
ecord specifies a delayed effective date, but it is stilled.	at not an effective time	e, at 12:01 a.m. on the	e earlier of: (b) The 90)th day after the
5 med.				
red FEBRUARY 22	2022	•		
Juaa Len war	ত ত of a member or authoriz	zed representative of a r	nember	
Signatur	. S. a member of audiona	representative of a f		