h22000105034

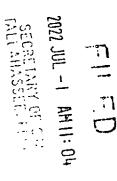
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| J. HORNE |
| OCT _ 3 2022 |
| |

Office Use Only



600388562606

07/01/22--01017--019 **25.00





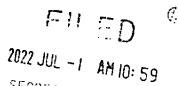
COVER LETTER

| то: | Registration Section Division of Corpor | ations | | | | | |
|-------------|---|----------------|-----------------------------|-------------------|--|---------------------------------|--|
| SUBJE | . MU | JAAB | AND | CO. | LLC | • | • |
| SUDJE | | | Name of Lim | ited Liability | Company | | |
| | | | | | | | |
| The en | closed Articles of Am | endment and | fee(s) are sub | mitted for fi | ling. | | |
| Please | return all corresponde | ence concerni | ng this matter | to the follow | ving: | | |
| | | _Qu | rban | All | i Mo | anghat | <u>/</u> |
| | | _Mu | JAAB | AND Firm/ | CO | LLC | |
| | | | | | re Gre Idress | | |
| | | West | - Palm | BCA City/State | and Zip Code | FL | <u> 3340</u> 9 |
| | | dr. | mang. E-mail address: (| hat a | gma5/ | cport notification | n) |
| For fur | rther information con- | cerning this n | natter, please c | all: | | | |
| Qu | rban Ali Name of Po | erson Man | nghat | at (<u>,</u> | 561)6 | <u> 809 – 1</u> Daytime Tele | 1370 phone Number |
| Enclos | sed is a check for the | following am | ount: | | | | |
| √ Si | 25.00 Filing Fee | S30.00 Fi | ling Fee & ite of Status | Cert | 00 Filing Fee & ified Copy tional copy is enck | | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address: | | | | Street Ad | dress: | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



| (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 | |
|--|------------|
| The Articles of Organization for this Limited Liability Company were filed on 02/28/2022 and assigned Florida document number L22000(05034) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: | |
| The Articles of Organization for this Limited Liability Company were filed on 02/28/2022 and assigned Florida document number L22000(05034) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: | |
| 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: | <u>red</u> |
| Name of New Registered Agent: | _ |
| New Registered Office Address: | _ |
| Enter Florida street address | |
| , Florida | - |

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 Address Type of Action Title Name MGR Qurban Ali Manghat 4354 lake Lucerre Gule MAdd
West Palm Beach, Fl 33409 □ Remove □Remove _____ □Add □Change _____ □Remove ☐ Change

| | | | | | | | | | _ |
|--------------------|---------------------------------|-------------------------------|----------------|----------------|-------------------|--------------------|--|--|-------------------|
| | | | | | | | | | _ |
| | | _ | | | | | | <u></u> | _ |
| | | . | | | | | | | _ |
| | | | | | | | | | _ |
| | | | - | | | | | | <u> </u> |
| | _ | - | | | | | | | |
| | | | | | | | | | _ |
| | | | <u> </u> | | | <u>-</u> | - | | _ |
| | | | | <u> </u> | | | | | - |
| | | | | | _ | | | | _ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | · · · | | | | | | _ |
| | | | | | | | | | _ |
| | | | | | <u>.</u> | | | _ | _ |
| | | | | | | | | | _ |
| | | | | | | | · | | _ |
| | | | | | | | | | |
| effecti te: 1f | ive date is lis the date in: | ted, the date neerted in this | block does n | and cannot be | pplicable statute | ing or more than | (option) 00 days after filements, this d | al) ing.) Pursuant to 6 ate will not be li | 05.020 isted a |
| ecord s s filed | | lelayed effec | tive date, but | not an effecti | ive time, at 12:0 |)1 a.m. on the ea | arlier of: (b) | The 90th day al | fter the |
| ed | 06 | 128 L | JA- | . 202 | 22. | | | | |
| | | $-\mathcal{C}$ | Signature o | of a member or | authorized repre | sentative of a mer | nber | | |
| | | ~ > | 1 | 4 1 | printed name of | Λi | | | |

Filing Fee: \$25.00