## L22000157759

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ONVISION OF COMPORATIONS

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T. MATTHEWS
JUN - 8 2022

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations			
	DUKHI, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	NAZEEMA DUKHI			
		Name of Person	<del></del>	
		Firm/Company	······	
	1830 ROBERTS LANDIN	G RD		
		Address		
	WINDERMERE, FL 3478	6		
		City/State and Zip Code		
	NAZEEMA125@HOTMA	IL.COM to be used for future annual report no	tification)	
For further information co	oncerning this matter, please c			
NAZEEMA DUKHI		407 929-8864 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

NAZEEMA DUKHI, LLC

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(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	y were filed on $\frac{04/01/2022}{1}$	and assigned
Florida document number L22000157759		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation	n "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:		<u> </u>
(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:	<u> </u>	
New Registered Office Address:	<u> </u>	
	Enter Florida stree	t address
		, Florida
	City	хір Сойе

## 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>	Address	Type of Action
MGR	NAZEEMA DUKHI	1830 ROBERTS LANDING RDWINDERMERE,	FL∃ ≣Add
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(If an ef Note:	ive date, if other than the date of filing:    04/19/2022   (optional)
he reco ord is fi	rd 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 led.
Dated	Signature of a member of authorized representative of a member
	Nazeema Dukli Typed or printed name of signee