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COVER LETTER

-Registration Section --Division of Corporations

	ERPRISES LLC					
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	KHANALMANGRY					
		Name of Person		_		
		Firm/Company				
	833 E PALM RUN DRIVE	<u>:</u>		38	2 3	
		Address		CRE	- 1 E:	-
NORTH LAUDERDALE, FL 33068						£
		25 E	<u>1</u> .:	Į.		
	AHSBIZ@GMAIL.COM E-mail address: (to be used for future annual report noti	fication)	STAT	·. : - <u>:</u>	•
For further information of	concerning this matter, please c	all:		, m	€B.	
KHANAI MANGRY		954 829-3462 at ()				
Name o	of Person	Area Code Daytim	e Telephone Numb	er		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certifie) Filing Fee, Teate of Status & Ted Copy onal copy is enclosed)		
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Torporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations Fallahassee	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{1.22000251970}{1.22000251970}$.	vere filed on <u>06/01/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	he 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>Mailing address MAY BE A POST OFFICE BOX)</u>		SECRETION OF STA
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	ì

New Registered Agent's Signature, if changing Registered Agent:

KSM ENTERPRISES LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KHANALMANGRY	833 E PALM RUN DRIVE	🗆 Add
		NORTH LAUDERDALE, FL 33068	□Remove
			= Change
			□Add
			□Remove
			□ Change
			S ORET ORemove
			Grange Grange Grange Grand
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					<i>(</i>	1.	
ffective date, if other than the an effective date is listed, the date m	e date of thin ist be specific an	d cannot be prior	to date of filing	or more than 90	(option) days after fil	ar) ing.) Pursu	ant to 605.0
(ote: If the date inserted in this becument's effective date on the learning	lock does not. Department of:	meet the applic State's records	able statutory	Hiing require	nents, this a	ate wiii ne	n be uster
record specifies a delayed effecti Lis filed.	ve date, but no	t an effective t	ime, at 12:01	a.m. on the ear	tier of: (b)	The 90th	day after i
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