

K22000286937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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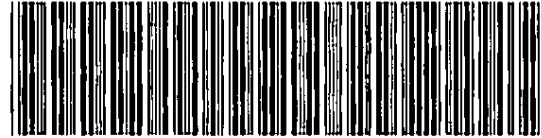
(Business Entity Name)

(Document Number)

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22 SEP 16 AM 10:05  
OFFICE OF THE  
CLERK OF SUPERIOR COURT

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AJX GLOBAL 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:

MUHAMMAD ABBAS

\_\_\_\_\_  
Name of Person

AJX GLOBAL LLC

\_\_\_\_\_  
Firm/Company

1992 LEWIS TURNER BLVD SUITE 1067 # 167

\_\_\_\_\_  
Address

FORT WALTON BEACH, FL 32547

\_\_\_\_\_  
City/State and Zip Code

AJXGLOBAL.LLC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUHAMMAD ABBAS

954 3543744

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 SEP 16 AM 10:05

RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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

AJX GLOBAL 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 06/24/2022 and assigned Florida document number L22000286937.

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:

1992 LEWIS TURNER BLVD SUITE 1067 # 167

**(Principal office address MUST BE A STREET ADDRESS)**

FORT WALTON BEACH, FL 32547

Enter new mailing address, if applicable:

1992 LEWIS TURNER BLVD SUITE 1067 # 167

**(Mailing address MAY BE A POST OFFICE BOX)**

FORT WALTON BEACH, FL 32547

**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 Changing Registered Agent, Signature of New Registered Agent

22 SEP 16 AM 9:05  
STATE OF FLORIDA  
SECRETARY OF STATE

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>
AMBER	MUHAMMAD ABBAS	1992 LEWIS TURNER BLVD SUITE 1067 # 167	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

22 SEP 16 11:00 AM  
FBI - TAMPA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

I have filed the LLC but i made some mistake in my last name , my first name is MUHAMMAD & my  
is ABBAS but when i filed the Article of Organization by mistake in last name instead of ABBAS .I mistype it  
to NOMAN , so now I humbly request you to change the name as below.

first name: MUHAMMAD

Last name: ABBAS

I would be greatfull if you could change my details as shown above.

Also My LLC mailing address needs to be updated because by mistake i was unable to add my specific  
suite number 167 at the end , so please update my LLC physical and mailing address to below address.

AJX GLOBAL LLC

1992 LEWIS TURNER BLVD SUITE 1067 # 167 , FORT WALTON BEACH, FLORIDA , 32547

So in total there are two changes required one for the name correction and one for the change of Physical &  
mailing address.

I am sending my copy of passport to confirm the correct first & last name and i want change to be made as  
according to my passport.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 26 2022

Muhammad Abbas

Signature of a member or authorized representative of a member

MUHAMMAD ABBAS

Typed or printed name of signee

22 SEP 16 AM 10:05  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

