## L22000 294 709

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

Registration Section

TO:

Division of Corpo	orations		
A TN	AS TRADERS	LLC	
SUBJECT: AUNI		nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	GHOURI, M	UHAMMAD	
		Name of Person	
	AJNAS TA	RADERS	
		Firm/Company	
	3279 Win	NDBEAM CT.	
		Address	
	WINTER (	STARDEN, FLORIC	)A 34787
		City/State and Zip Code	
		@ GMAiL.C	
	E-mail address: (	to be used for future annual report noti	fication)
For further information cor	icerning this matter, please c		5 20
GIHOURI, MU.	HAMMAD	at ( <u>786</u> ) <u>520</u> Area Code Daytim	-7413 115 20 c Telephone Number: 5 20
Name of I	Person	Area Code Daytim	e Telephone Number 7 20
Enclosed is a check for the	following amount:		
<b> </b>	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Cortificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se	ection	Registration Se	
Division of Co P.O. Box 6327	-	Division of Cor The Centre of T	•
Tallahassee, FI		·	e 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 JUNE 29, 2022 and assigned Florida document number <u>L 220</u>00 294 709 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 "L.L.C" or the abbreviation "L.L.C Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: GHOURI, MUHANMAD

3279 WINDBEAM CT.

Enter Florida street address

WINTER GARDEN Florida 34787

City Zip Code Name of New Registered Agent: New Registered Office Address:

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EBAADULLAH GHOURI	3279 WINDBEAN CT.	<b>K</b> iAdd
		WINTER GIARDEN	□Remove
		FL 34787	□Change
			□Add
			□Remove
			☐ Change
			⊡Remove
			□Change
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