## L 22 000364385

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
: pecial Instructions to Filing Officer:

Office Use Only



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11/28/22--01009--013 \*\*25.00





## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	5162 ROY Name of Lim	al Point Ave L	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MBG	Name of Person	amadou Bs
	5/62	- FOYAL PUINT P	ive
	5162 ROY	al Point Ave, Ki	issimmee
		LISSIMMEE FL3 City/State and Zip Code	4746
	E-mail address: (	Atmun973 agmo	CIL. COM Realism
For further information co	oncerning this matter, please ca	all:	0Y 2:
Fat Mame of	19ta Khan Person	at ( <u>US)</u> Daytime	1562 Telephone Number
Enclosed is a check for th	e following amount:		Si
<b>2</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Sec	tion

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

5162 Kg ted 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 8/18/22 and assigned Florida document number \_\_\_ L 22000364885 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: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

City

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 Type of Action Title Name 5162 Royal Point Ave, MGR Ashar Khan KISSIMMEE, FL, 3446 ☐Remove MER Fatmata Khan Remove \_\_\_\_\_ Change

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Effective	date, if other than	the date of	filing:				(optio	nal)		
Note: If	e date, if other than ive date is listed, the date the date inserted in th	is block does	not meet th	e applicable	ate of filing o statutory fi	r more than ! ling require	00 days after t ements, this	filing.) Purs date will i	uant to 60 not be lis	5.0207 ited as
documen	t's effective date on th	ie Departmei	nt of State's	records.						
	specifies a delayed eff l.	ective date, b	ut not an eff	ective time,	at 12:01 a.r	n. on the ea	arlier of: (b)	The 90th	n day aft	er the
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