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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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09/28/22--01021--021 **25.00

2022 SEP 26 PM 4: 16 SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co		•	•	
	TECH LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
	SADIA MASOOD			
		Name of Person		_
		Firm/Company		202
	720 NE 181ST STREET	emile company		2022 SEP 26 PM 4: 17 SECRETARY OF STAT TALLAHASSEE. FL
		Address		HAS P
	NORTH MIAMI BEACH.	FL 33162		SEE
	saadiyahmasaud@gmail.co	City/State and Zip Code		THE I
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please co	all:		
SADIA MASOOD		305 319-9263 at ()		
Name	of Person		e Telephone Numb	er
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)	Certifie	ate of Status &
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SADOOD TECH 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 SEPTEMBER 02, 2022	_ and assigned
Florida document number L22000387911		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	207
(Principal office address MUST BE A STREET ADDRESS)	TACK	2 SEP
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AHASSET, F	P 26 PH 1: 17
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name o	of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	

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: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SADIA MASOOD	720 NE 181ST STREET	□Add
		NORTH MIAMI BEACH, FL 33162	□Remove
			■ Change
			□ Add
			🗆 Remove
			⊡Change
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ote: If the date inserted in this block does not mee	et the applicable	date of filing or m e statutory filin	ore than 90 days a g-requirements.	tter filing.) P this date wi	ursuant te 11 not be	5 605.020 : listed a
ocument's effective date on the Department of Sta	te's records.					
				4		
record specifies a delayed effective date, but not ar is filed.	i effective time	, at 12:01 a.m.	on the earlier of:	(b) The S	10th day	after the
SEPTEMBER 21	2022					
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