

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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the email address for this business entity to be used for future inual report mailings. Enter only one email address please.**

ail Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN . WEST NINTH VINTAGE LLC

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Page Count	04
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST NINTH VINTAGE LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records i Liability Company)	
The Articles of Organization for this Limited Liability Compan Torida document number <u>L22000517669</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility 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)		
	*** * * * *****************************	
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		(F)
New Registered Office Address:		
	Enter Florida street address	0 1
	, Flo	rida
	•	2017 - 100 -
ew Registered Agent's Signature, if changing Registered Agen	l:	1 N

I hereby accept the appointment as registered agent and agree to act in this capacity. I forther 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.

9/6/2024 12:41:36 PDT • • • • To: 18506176383 Page. 3/4 Fax: 8134365206

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	GORCHANI. MUHAMAD UMAIR ASGHAR	7901 4TH ST N, STE 300	□Add
		ST. PETERSBURG, FL 33702	Remove
		· - -	□Change
AMBR	TAHIR, KASHIF	7901 4TH ST N. STE 300	bbA≣
		ST. PETERSBURG, FL 33702	Remove
			Change
			□Add
			□Remove
			「I ('hange
			□Remove
•		C)Change	
		□Add	
		LJRemove	
			□Change
			⊡Add
			□Remove
			□Change

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Effective de	ate if other than (he date of filing	J:		(optional)
If an effective Note: If the	date is listed, the date i	must be specific and s błock does not n	cannot be prior to a sect the applicable	date of filing or more	than 90 days after filin	g) Pursuant to 605,0207 to will not be listed as the
ne record spec ord is filed.	cities a delayed effec	ctive date, but not	an effective time	, at 12:01 a.m. on	he earlier of: (b) - I	he 90th day after the
Septe Dated	mber 6th		2024			
	10 1	<u></u> .			a member	

Typed or printed name of signee