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SECRETARY OF STATEMENT AND A HASSEE. FLUE.

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COVER LETTER

Tallahassee, FL 32314

TO: Registratio Division of	n Section Corporations		
В јест:	Huda Elite	Properties LLC	
	Name of Lir	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sul	hmitted for filing	
	espondence concerning this matter	•	
rease return an com	espondence concerning this matter	to the following.	
	Hud	a KNX hat Name of Person	
	Hyda E	Elite Properties LL	<u>.C</u>
	3471	Dovetail Avenue Address	
	<u> \(\sigma 13 \) \(\sigma 1</u>	Smea Floricly 3476 City/State and Zip Code	
	huda he E-mail address:	me realty 9 gm. 1. Con (to be used for future annual seport notification)	
For further information	on concerning this matter, please of	call:	
Hudu	KhoKhas		1528
Nai	me of Person	Area Code Daytime Telephon	e Number
Enclosed is a check f	or the following amount:		
☑ \$25.00 Filing Fe	e □ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ade		Street Address:	
	on Section of Corporations	Registration Section Division of Corporation	S
P.O. Box (-	The Centre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

EII ED

,		
Huda Elit	le Properties	// C2023 MAR 10 PH 1:39
(Name of the Limited Liable (A Floric	lity Company as it now appears of Limited Liability Company)	SECRETARY OF STATE
,	, , , , , , , , , , , , , , , , , , , ,	TÄLLÄHÄSSEELFILHMI
The Articles of Organization for this Limited Liability		$\frac{2}{2}$ and assigned
Florida document number <u>L230000</u>	9.4549	·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	<u>:</u> :
Huda	KhoKho	ar LLC
The new name must be distinguishable and contain the words "Lir		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere	ed office address on our rec	ords, enter the name of the new registere
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 mv 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

		A 1 120
MGR =	Manager	NX
AMBR =	Authorized Member	•

<u>ale</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
		□R	□Remove
			□ Change
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n eff <u>te:</u>	fective date is listed, If the date inserte	the date must be spe	cific and cannot es not meet the	be prior to date of filing e applicable statutory records.			g.) Pursuant to 605.020
		a delayed effect or the record is		out not an effecti	ve time, at 1	2:01 a.m	. on the earlier (
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		Signati	re of a member	or authorized represent	ative of a membe	ī	
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