L23000171812

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

Office Use Only



200408249872

35] 80 :ZHU 0~1637

..

COVER LETTER

Registration Section

TO:

Division of Co	rporations			
14652 BAI SUBJECT:	GOWAN ROAD LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person	·	-
	LAW OFFICE OF BASEI	. A. ZACUR LLC		
		Fum/Company		-
	6115 Stirling Road, Suite 2	216		. ii
		Address	· · · · · · · · · · · · · · · · · · ·	
	Davie, FL 33314			<i>ن</i>
		City/State and Zip Code		7/1/2: 08
	basel@zacurlaw.com	to be used for future annual report noti-	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information c	oncerning this matter, please c		neadons	114
Basel Zacur		954 289-8110 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	ī
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres Registration : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 8	110

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	rds.)
the Articles of Organization for this Limited Liability Company were filed on 04/06/2023	and assigned
orida document number 1.23000171812	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	C" or the abbreviation FLL.C."
nter new principal offices address, if applicable:	: ;
rincipal office address MUST BE A STREET ADDRESS)	င့်
michal office address (nost bi. A STREET ADDRESS)	May 1
	3 H
nter new mailing address, if applicable:	
<u> Iailing address MAY BE A POST OFFICE BON)</u>	
. If amending the registered agent and/or registered office address on our records, <u>entergent and/or the new registered office address here</u> :	r the name of the new regist
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street addre	788
, F.	loridaZip 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SAKIR N. ALI, JR.	20851 Johnson Street, Unit 113	
		Pembroke PInes, FL 33029	■Remove
			[]Change
MGRM	PEMBROKE NSA LLC	20851 Johnson Street, Unit 113	\ _Add
		Pembroke Pines, FL 33029	□Remove
			☐Add + -
			☐Remove
			□ Change
			□Remove
			[]Change
			□Add
			URemove
			[]Change
			□Add
			□Remove
			ElChange

	····		
	· · · · · · · · · · · · · · · · · · ·		
·			
	<u> </u>		
		· · ·	
		- of a Ba	
ffective date, if other than the	date of filing:	(option	ıal)
an effective date is listed, the date mu	st be specific and cannot be prior to date ock does not meet the applicable s	of filing or more than 90 days after that atomy filing requirements, this	lling.) Pursuant to 605.020' date will not be listed as
ocument's effective date on the D		<u> </u>	
· · · · · · · · · · · · · · · · · · ·	e date, but not an effective time, at	(12:01 a.m. on the earlier of; (b)	The 90th day after the
is filed.			. 53
MAY I	2023		<u> </u>
nted	· ··		şi E
	Δ \sim		0 :21131 9- ASTREE
			•=
	Signature of a member of authorized	representative of a member	

.

Filing Fee: \$25.00