## L23000180578

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## **COVER LETTER**

TO: Registration Section

Division of Cor	rporations		
	SOCIATES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
		win of after	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for thing.	
Ploase return all correspo	ondence concerning this matter	to the following:	
	MUHAMMAD SIKAND	AR ,	
		Name of Person	
	MSRS ASSOCIATES LL	<i>(</i> ·	
		Firm Company	
	7962 PINES BLVD		
		Address	
	PEMBROKE PINES FL 3	3024	ا در م
		City/State and Zip Code	
	PEMBROKEPINES@LIBI		دی
	E-mail address. (	to be used for future annual report nor	tication
For further information of	concerning this matter, please c	all:	F1172: 00
MUHAMMAD SIKAN	DAR	954 893-3860 at () Daytin	·
Name c	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for t	he following amount:		
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy (venclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration   Division of C		Registration Se Division of Co	
P.O. Box 631		The Centre of T	•
Talfahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Fallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSRS ASSOCIATES LLC		
( <u>Name of the Limited Liabil</u> (A Flord	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.23000180578	Company were filed on 64 12/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new pame must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LI C" o	r the abbreviation Tall (""
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD		
		٥.
		<u>:</u>
Enter new mailing address, if applicable:		12:0
Mailing address MAY BE A POST OFFICE BOX)		7. 01
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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</u>, <u>name</u>, <u>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
MGR	RAHILA SIKANDAR	7962 PINES BLVD	🗀 Add
		PEMBROKE PINES, FL 33024 UN	
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## Page 2 of 3

	HANGE (RAHILA SIKANDAR)	
OTHER AUTHORIZE ME	MBER STAYS THE SAME	
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12.12		
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Tive date, if other than the Tective date is listed, the date mi	e date of filing:	(Optional) te than 90 days after (Gine 3 Pursuant to 605.0
If the date inserted in this b	block does not meet the applicable statutory filing	
ient's effective date on the I	Department of State's records.	
	ed effective date, but not an effective tir	ne, at 12:01 a.m. on the earlie
90th day after the red	cord is filed.	
		<del></del>
05:03/2023	12:00PM	
A a	wanda	1
	Signature of a member of authorized representative of	f a member
MUHAMMAD SIKA)		F112: 05

Filing Fee: \$25.00