

# L23000190186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

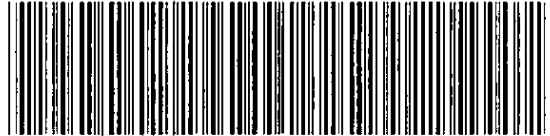
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FL

Y. SCOTT

AUG 11 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shakhnoza Asmira Sadiya Wealth, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shakhnoza Khasanova

Name of Person

Shakhnoza Asmira Sadiya Wealth, LLC

Firm/Company

7838 Wandering Way

Address

Orlando, FL 32836

City/State and Zip Code

shakhnoza0428@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shakhnoza Khasanova

305 240-9837

at ( )

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Shakhnoza Asmira Sadiya Wealth, 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 April 17, 2023 and assigned  
Florida document number L23000190186.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SAS Wealth, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7838 Wandering Way, Orlando, FL 32836

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7838 Wandering Way, Orlando, FL 32836

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Hector Ortiz

New Registered Office Address:

7838 Wandering Way

*Enter Florida street address*

Orlando

*City*

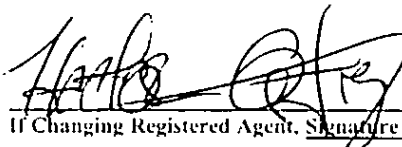
Florida

32836

*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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	HECTOR ORTIZ	7838 Wandering Way, Orlando, FL 32836	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2023 JUN 28 PM 2:36  
STATE  
TULSA, OKLA.

