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COVER LETTER

TO: **Registration Section Division of Corporations**

Equal L.L.C

SUBJECT:

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:

Abdul M. Bhuiyan

Equal L.L.C

Firm/Company

Name of Person

16214 SW 29th Street

Address

Miramar Florida 33027

City/State and Zip Code

abhuiyan@allay.us

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

For further information concerning this matter, please call:

Abdul M Bhuiyan

786 246-6664 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)

S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equal L.L.C				
(<u>Name of the</u> Lim	ited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	on our records.)	·
The Articles of Organization for this Limited 1 Florida document number <u>L23000205101</u>	Liability Compan	ny were filed on Apri	il 25, 2023	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u>	of the limited lia	bility company her	<u>·e</u> :	
Jafnir Partners LLC				
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		2914 SW 161 Av	enue, Miramar, FL 33	027
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16214 SW 29th S	itreet, Mirmar FL 330.	27
				n
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our rec	cords, <u>enter the nan</u>	≥ ne of the 18 v registere %
Name of New Registered Agent:	Rosy Sultana			· · ·
New Registered Office Address:	16600 NW 54	th Avenue, Unit 20		••
the transfer of the final to		Enter Florid	la street address	
	Hialeah		, Florida ³³	3014
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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.

Portlana 09/25/2023

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>	Name	Address	Type of Action
MGR	Rukshana Bhuiyan	16214 SW 29th Street, Miramar FL 33027	🖬 Add
			□Remove
			□Change
AMBR	Abdul N Bhuiyan	2914 SW 161 Avenue, Miramar, FL 33027	🖬 Add
			CRemove
			□Change
AMBR	Mohammad N Bhuiyan	16214 SW 29th Street, Miramar FL 33027	🖬 Add
			🗆 Remove
			□Change
		<u> </u>	🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
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			🗇 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

September 28 Dated	2023	
	Mohn Le	
	Signature of a member or authorized representative of a member	
	ABOUL M BHUIVAN	
	Typed or printed name of signee	

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2023

ABDUL M BHUIYAN 16214 SW 29TH ST. MIRAMAR, FL 33027

SUBJECT: EQUAL L.L.C. Ref. Number: L23000205101

We have received your document for EQUAL L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers Regulatory Specialist III

Letter Number: 423A00017177

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