## L23000222387

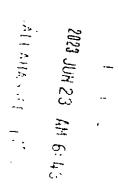
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
subject: <u>PAU</u>	HANDLE PROPER	TX MAINTENANCE	ELLC
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Tayed Miah Name of Person	<del></del>
		Firm/Company	
	925 East M	Magnalia Dy AP#	AC
		City/State and Zip Code  2021	com
For further information	concerning this matter, please ea		nearion)
Jave o	O Miah of Person	at ( <u>&amp; S</u> ) <u>Superior</u> Area Code Daytim	9620 e 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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1712 - 1

PANHANDLE PROPERT	ny as it now appears on our records.)
(A Florida Limited I	ALL AHESOFF : 112.
The Articles of Organization for this Limited Liability Company	were filed on $S - S - 2023$ and assigned
Florida document number L23 000222387	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	925 East Magnelia Dr AD#AG
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee FL. 32301
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	Type of Action
AMBR	MI SHAHADAT HOSSIN	311 Dest Parkhill AVE	□Add
		Bushnoll, FL 33513	[ZRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change
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an cfi iote:	ive date, if other than the date of filing:
recor d is fi	ed 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 led.
ated	C-20-7023
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member