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| (Requestor's Name) | |
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| (Address) | ľ |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
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| Certified Copies Certificates of Status | 7(20)2 |
| Special Instructions to Filing Officer: | 7(20)2 V |
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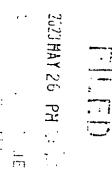




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COVER LETTER

| | gistration Se vision of Cor | | | | |
|------------------|--------------------------------|---|---|--|--|
| SHD IDOT. | | CONSULTING LLC | | | |
| SUBJECT: | | Name of Lin | ited Liability Company | . — | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | | |
| | | KHAYYAM MUSAYEV | | | |
| | | Name of Person XAYYAM CONSULTING LLC Firm/Company | | | |
| | | XAYYAM CONSULTING | G LLC | | |
| | | | Firm/Company | | |
| | | 7515 FAWN LAKE DR N | | | |
| | | | Address | | |
| | | JACKSONVILLE, FL 323 | 256 | | |
| | | | City/State and Zip Code | | |
| | | m.xayyam@gmail.com | | | |
| | | E-mail address: (| to be used for future annual report no | tification) | |
| For further i | information c | oncerning this matter, please c | all: | | |
| Khayyam N | | | 202 7175757 | | |
| | Name o | f Person | Area Code Daytii | me Telephone Number | |
| Enclosed is | a check for th | ne following amount: | | | |
| ■ \$25.00 | Filing Fee | (I) \$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) | |
| | niling Addres | | Street Address: | vation | |
| | gistration S vision of C | Section Corporations | Registration Se Division of Co | | |
| | Box 632 | • | The Centre of | - | |
| Ta | Hahassee, I | FL 32314 | 2415 N. Monro | pe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| XAYYAM CONSULTING LLC | | |
|---|---|-----------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as if now appears on our rec a Limited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability C | Company were filed on May 17, 2023 | and assigned |
| Horida document number 1.23000243361 | · | |
| his amendment is submitted to amend the following: | | |
| x. If amending name, enter the new name of the lim | ited liability company here: | |
| he new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "I | LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | F.3 |
| Principal office address <u>MUST BE A STREET ADD</u> F | RESS) | ĦAY |
| , | | 26 |
| | | PH |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | <u>-</u> |
| Huming dudress BIAT BLAT (331 OFFICE DOA) | | <u> </u> |
| | | |
| 3. If amending the registered agent and/or registered gent and/or the new registered office address here: | d office address on our records. <u>en</u> | ter the name of the new regi |
| Beile dillere the new registered office deline, office. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | · · · · · · · · · · · · · · · · · · · | |
| | Enter Florida street add | dress |
| | *************************************** | Florida |
| | 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, 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 |
|--------------|------------------|------------------------|----------------|
| MGR | SULAMITA MUSAEVA | 7515 FAWN LAKE DR N | □Add |
| | | JACKSONVILLE, FL 32256 | =Remove |
| | | | □Change |
| AMBR | RADA SHIRALIYEVA | 7515 FAWN LAKE DR N | □Add |
| | | JACKSONVILLE, FL 32256 | ≣Remove |
| | | | |
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| an effective date is li lote: If the date in | | pecific and cannot be loes not meet the a | prior to date of filing pplicable statutory | g or more than 90 days a | ptional) after filing.) Pursuant to 60 this date will not be lis | |
| record specifies a c Lis filed. | lelayed effective date | e, but not an effect | ive time, at 12:01 | a.m. on the earlier of | (b) The 90th day after | er the |
| 05/18/2023 | | | - · _/ | | | |
| aned | | | 11 | | | |
| | | | | 1 USAYEV | | |