

L23000282792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

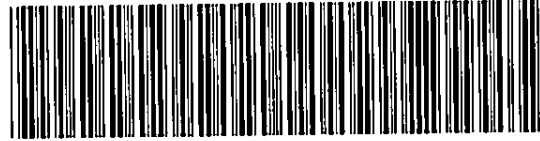
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 20 2023

Office Use Only



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SECRETARY OF
TALLAHASSEE, FL

2023 JUN 19 AM 9:02

RECEIVED



SECRETARY OF
TALLAHASSEE, FL

2023 JUN 19 PM 2:45

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

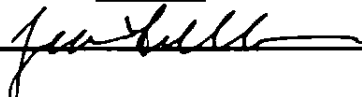
Please use funds from account: 120210000160: _\$25.00_

Authorization Signature: _____

____ Dr Haydar.AI LLC L23000282792

Business

DOC#



____ Certified Copy

____ Certificate of Status

NEW FILINGS

- ___ Profit Corp
- ___ Not for Profit
- ___ Officer/Director
- ___ Limited Liability
- ___ Domestication
- ___ Other
- ___ **CORP**
- ___ **LLLP**

AMENDMENTS

- X Amendment
- ___ Resignation of R.A. or member
- ___ Dissolution
- ___ Change of Registered Agent
- ___ Revocation of Dissolution
- ___ Merger
- ___ Conversion
- ___ Amended and restated Articles
- ___ Statement of Correction

OTHER FILINGS

- Trademark
- ___ Annual Report
- ___ Fictitious Name
- ___ APOSTILLE

COUNTRY

REGISTRATION/QUALIFICATIONS

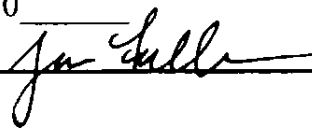
- X Foreign filing
- ___ Limited Partnership
- ___ Reinstatement
- ___ Other

EXAMINER'S INITIALS: _____

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EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr Haydar.AI 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:

Kenneth Burnham

Name of Person

Firm/Company

261 Riverside Dr

Address

Rossford, OH, 43460

City/State and Zip Code

kilo.sierra.bravo261@gmail.com

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

For further information concerning this matter, please call:

Kenneth Burnham

Name of Person

at (419) 344-1217

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

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

2023 JUN 19 AM 8:56
SECRETARY
TALLAHASSEE

Dr Haydar.AI 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 06/12/23 and assigned
Florida document number L23000282792.

This amendment is submitted to amend the following:

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

Dr.Haydar.AI LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

_____, **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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kamran Hydar	701 N Fort Lauderdale Beach Blvd, #505	<input checked="" type="checkbox"/> Add
		#505, Ft Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hasan Cheema	620 Jones St, #901, San Francisco, CA 94102	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth Burnham	261 Riverside Dr, Rossford, OH 43460	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Scott B. M.
Signature of a member or authorized representative of a member

Typed or printed name of signee