## L23000331551

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

Tallahassee, FL 32314

TO: Registration So Division of Cor	ection rporations	,,		
Libsi LLC				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Mustafa Masody			
		Name of Person	<del> </del>	
	Libsi LLC			
		Firm/Company	<del> </del>	
	605 Parkside Lane SE			
		Address		
	Mableton, Georgia 30126			
	masodym605@gmail.com	City/State and Zip Code		
		to be used for future annual re	port notification)	
For further information of	concerning this matter, please e	all:		
Mustafa Masody		404 528-	5892	
Name o	of Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Add		
Registration Division of (			ion Section of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ION 23 JUL 24 PH 40 09

Libsi LLC

company has been notified in writing of this change.

(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 $\frac{07/13/2023}{}$	and assigned	
Florida document number L23000331551			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	'LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3507 Southside Blvd Jack	sonville, Florida 32216	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	3507 Southside Blvd Jacksonville, Florida 32216		
(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, <u>e</u>	nter the name of the new registered	
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		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete			

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

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>	Type of Action
AMBR	Mustafa Masody	11318 Lamborghini Court	
		Jacksonville, Florida 32246	≣Remove
			□ Change
			🖸 Add
			□Remove
			Change
			CRemove
			Change
			□Add
			LIRemove
		<del>.</del>	□Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change

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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the Discounse.	ock does not meet the a	pplicable statutory	g or more than 90 days tiling requirements	optional) after filing.) Pursuant to 605 , this date will not be list	5,0207 ( ed as t
record specifies a delayed effectiv Lis filed.	e date, but not an effect	ive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day afte	r the
July 19 Pated	2023				
2-25	,	· ·			
10					
	Signature of a member or	authorized represer	itative of a member		

Filing Fee: \$25.00

Mustafa Masody

605 Parkside Lane SE Mableton, Georgia, 30126

(404)-528-6892

7/19/2023

Secretary of State

**Division of Corporations** 

Department of State

Tallahassee, FL

Subject: Voluntary Resignation and Ownership Transfer from Libsi LLC

Dear Sir/Madam,

I, Mustafa Masody, am writing to officially notify the Secretary of State of Florida about my voluntary resignation from all positions and affiliations with Libsi LLC, a registered business entity in the State of Florida. The purpose of this letter is to inform the appropriate authorities of the aforementioned decision and to facilitate a legal and orderly transfer of ownership.

As of 7/19/2023, I have elected to resign from my position within Libsi LLC. This decision has been thoroughly considered and is made in accordance with the applicable laws and regulations governing business practices in the State of Florida.

In connection with my resignation, I hereby surrender all rights, interests, and ownership I hold in Libsi LLC and transfer them in full to Abdoula Bashiti. I have obtained the unanimous consent and agreement of all authorized users and parties involved in the company, attested to by their signatures appended to this letter.

This transfer of ownership encompasses all assets, tangible and intangible, including but not limited to intellectual property, financial interests, and shares, to ensure a comprehensive and lawful transition. I affirm that all necessary actions have been taken to ensure a seamless transfer of ownership.

By affixing our signatures below, all parties involved affirm the voluntary nature of this transaction and pledge to abide by the legal and financial consequences of this decision.

Furthermore, I assure you that all outstanding obligations and responsibilities to Libsi LLC have been duly settled prior to the effective date of my resignation.

I have the utmost confidence in Abdoula Bashiti's capacity to manage and operate Libsi LLC with diligence and integrity. I am certain that the company will continue to thrive under his leadership.

I kindly request the Division of Corporations to acknowledge and process this documentation in compliance with the relevant statutes and regulations. Please consider this letter as an official record of my voluntary resignation and the transfer of ownership in accordance with the laws of the State of Florida.

Thank you for your attention to this matter. Should you require any further information or documentation, please do not hesitate to contact me at the provided contact details.

Mustafa Masody

Abdoula Bashiti