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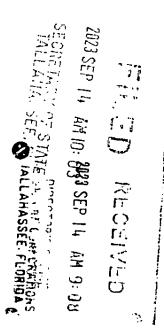
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations				
	OTORS LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.			
	ondence concerning this matter				
riease return an correspo	indence concerning this matter	to the following.			
	SALMAN SHAH AZIZI				
		Name of Person			
	JAHAN MOTORS LLC				
		Firm/Company			
	7300 BEACH BLVD UNI	Т 3			
		Address			
	JACKCONVILLE, FL 322	216			
		City/State and Zip Code			
	JAHANMOTORSLLC@G				
		to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	all:			
SALMAN SHAH AZIZ	l	904 999-9952 at ()			
Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Sec	tion		
Division of C		-	Division of Corporations		
P.O. Box 632	.7	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAHAN MOTORS 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 $\underline{07/17/2023}$ Florida document number L23000337087 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: MOHAMMAD AMAN MOHAMMADI Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Name	Address	Type of Action
AMBR	MOHAMMAD AMAN MOHAMN	7200 POWERS AVE APT 99	≣ Add
	Mohammadi Aman Mohammadi	JACKSONVILLE, FL 32217	
			□ Change
		<u></u>	□Add
			Remove
			□Add
			□Remove
			□Add
			□Remove
			⊡Add
		□Remove	
			□ Change
			CJAdd
			□Remove
			Changa.

Page 2 of 3

	
(If an cannot see the second s	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	109/13/2027
	Signature of a member or authorized representative of a member Solman Shah Azizi Typed or printed name of signee
	Jalman Shah H2,2,