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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division	n of Cor	porations		
SUBJECT: Name of Lin				
			ited Liability Company	
The enclosed Art	icles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all d	correspo	ndence concerning this matter	to the following:	
		TIM A. HAMED, CPA		
			Name of Person	
		TIM A. HAMED, CPA, P		
			Firm/Company	
15310 AMBERLY DR., S		TE 250		
		Address		
		TAMPA, FL 33647		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		timhamed@yahoo.com		
			to be used for future annual report noti	fication)
For further inforn	nation ce	oncerning this matter, please co	all:	
тім а намер			813 514-2905 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a che-	ck for th	e following amount:		
■ \$25.00 Filing	, Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing			Street Address:	
Registration Section Division of Corporations		Registration Sec		
P.O. Be			Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	any as it now appears on our records.	<u> </u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000358841}{2.000000000000000000000000000000000000$	were filed on JULY 31, 2023	and assigned
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 Liabi	ility Company," the designation "L4.C"	or the abbrestion "L.L.C."
Enter new principal offices address, if applicable:	4812 14th ST W	24 SE
(Principal office address MUST BE A STREET ADDRESS)	BRADENTON, FL 34207-2017	E P T
		6 H
Enter new mailing address, if applicable:	9318 LISBON STREET	H 12: 3
Mailing address MAY BE A POST OFFICE BOX)	SEFFNER, FL 33584	Ern 🕉
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Fler	

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
AMBR	MOHAMAD A. HASSAN ALI	4812 14th ST W	
		BRADENTON, FL 34207-2017	Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			Remove
			□Add
			□Remove
			□Change
			□Add
		7	□Remove
			□Change

	_
	
ffective date, if other than the date of filing:	
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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	-605.0207 (listed as t
ocument's effective date on the Department of State's records.	maca ao
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is	after the
is filed.	
September 1st 2024	
September 1st 2024	
A STATE OF THE STA	
Signature of a member or authorized representative of a member	-
NASER KHAWAJA	
	_

Filing Fee: \$25.00