

L23000384427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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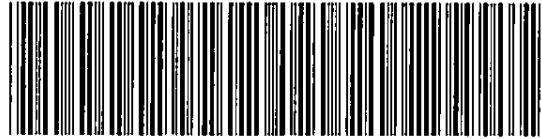
(Business Entity Name)

(Document Number)

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TALLAHASSEE
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK STALLION GROUP II 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:

JOSEPH R. COLLETTI

Name of Person

JOSEPH R. COLLETTI, P.A.

Firm/Company

4770 Biscayne Blvd, Suite 1400

Address

Miami, FL 33137

City/State and Zip Code

dinajkhan@yahoo.com

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

For further information concerning this matter, please call:

MOHAMMED DINAJ KHAN

at (954) 520-0822

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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PM 1:46

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**

BLACK STALLION GROUP II 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 8/15/2023 and assigned
Florida document number L23000384427.

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)

1610 NW 3rd Street

Deerfield Beach, FL 33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1610 NW 3rd Street

Deerfield Beach, FL 33442

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:

JOSEPH R. COLLETTI, P.A.

New Registered Office Address:

4770 Biscayne Boulevard, Suite 1400

Enter Florida street address

Miami

Florida

33137

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	YIXIN INT LLC	3246 N Miami Avenue	<input type="checkbox"/> Add
		Unit #370246	<input checked="" type="checkbox"/> Remove
		Miami, FL 33127	<input type="checkbox"/> Change
AMBR	RAHEEN K. MENEUS	3246 N Miami Avenue	<input type="checkbox"/> Add
		Unit #370246	<input checked="" type="checkbox"/> Remove
		Miami, FL 33127	<input type="checkbox"/> Change
AMBR	AZIYA A. GEORGE	3246 N Miami Avenue	<input type="checkbox"/> Add
		Unit #370246	<input checked="" type="checkbox"/> Remove
		Miami, FL 33127	<input type="checkbox"/> Change
MGR	MOHAMMED DINAJ KHAN	1610 NW 3rd Street	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL 33442	<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

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 CORE CITY OF MIAMI
 TALLAHASSEE, FL

SECRET
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SECRET//NOFORN
FALL 11/2023

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 3, 2023

X Gump Dr

Signature of a member or authorized representative of a member

MOHAMMED DINAJ KHAN

Typed or printed name of signee

Filing Fee: \$25.00