

L23000386460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

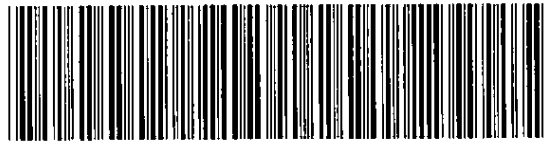
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



900417635009

10/20/23--01019--014 **55.00

2023 OCT 23 PM 8:19

VW

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NAZ INTERNATIONAL 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:

OSAMA ABDOU

Name of Person

NAZ INTERNATIONAL LLC

Firm/Company

10900 NW 146 Street, Suite 103

Address

Hialeah Gardens, Florida 33018

City/State and Zip Code

osama@premierbrandsus.com

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

For further information concerning this matter, please call:

OSAMA ABDOU

Name of Person

954
at ()

Area Code

993 9149

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**

NAZ INTERNATIONAL 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 08/16/2023 and assigned Florida document number L23000386460.

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)

10900 NW 146 Street, Suite 103

Hialeah Gardens, Florida 33018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10900 NW 146 Street, Suite 103

Hialeah Gardens, Florida 33018

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:

OSAMA ABDU

New Registered Office Address:

10900 NW 146 Street, Suite 103

Enter Florida street address

Hialeah Gardens

City

Florida 33018

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.

Osama Abdou

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>
MGR	OSAMA ABDOU	10900 NW 146 Street, Suite 103	<input checked="" type="checkbox"/> Add
		Hialeah Gardens, Florida 33018	<input type="checkbox"/> Remove
		50% Share Holder	<input type="checkbox"/> Change
MGR	SUMMAIRA NAZ	10900 NW 146 Street, Suite 103	<input type="checkbox"/> Add
		Hialeah Gardens, Florida 33018	<input type="checkbox"/> Remove
		50% Share Holder	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Add new member Partner: OSAMA ABDU 50% Share Holder

Existing Member Partner: SUMMAIRA NAZ 50% Share Holder

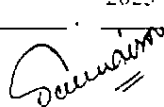
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

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.

Dated October 12, 2023



Signature of a member or authorized representative of a member

Summaira Naz

Typed or printed name of signee