1/19/24, 1:33 PM

Division of Convorations

H24000026781 3



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1124000026781 3)))



H240000267813ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (844)449-3624

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Canada	Address:			
CINCIL	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TARIQ ESTATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JAN 22 2024

Electronic Filing Menu Corporate Filing Menu

Help

H24000026781 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000026781 3

\		y a.
Tariq Estates LLC	Liability Company as it now appears on our records.)	
(/	I Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 08/17/2023	and assigned
Florida document number 1.23000387591	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
Sulaiman Tariq LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>o.v</u>	
		20
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> here:	
	 -	A
Name of New Registered Agent:		19 T
·		ुंभ 🗷 📙
New Registered Office Address:	Enter Florida street address	1 S
	. Florida	29 ATE
	Ciņ	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

1	85	90	1763	83	Рg	3/4	(
---	----	----	------	----	----	-----	---

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
			□Add
			Remove
			☐ Change
			□Add
			Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			C)Change
			□Add
			□Remove

				
				
ffective date, if other than the data an effective date is listed, the date must be offer. If the date inserted in this block occument's effective date on the Department.	c does not meet the appli	cable statutory filing rec	(optional) han 90 days after filing.) Pur quirements, this date will	suant to 605.0207 not be listed as
record specifies a delayed effective d is filed.	ate, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90	th day after the
January 19th	2024	·		
/s/ Sulaiman Tariq				
· ·	mature of a mambar or aut	norized representative of a	member	
31,	gnature of a memoer of auti	torized representance or a	memoer	

Filing Fee: \$25.00

H24000026781 3