## L23000394397

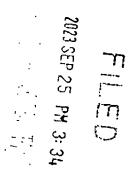
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## COVER LETTER

		Registration Se Division of Cor		<b>,</b>	*			
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:    Kareem Sidhom	CHD IEC							
Name of Person	30 BJ F.C.	1:	: Name of Limited Liability Company					
Name of Person	The enclo	osed Articles of	Amendment and fee(s) are sub	mated for filing.				
Name of Person	Please ret	urn all correspo	ndence concerning this matter	to the following:				
Firm/Company  4347 Night Star Tri  Address  Odessa, FL 33556  City/State and Zip Code kareem.sidhom@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kareem Sidhom  1518  S450854  at (			Kareem Sidhom					
Address  Odessa, FL 33556  City/State and Zip Code  karcem.sidhom@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Karcem Sidhom  S18 5450854  at (				Name of Person				
Address  Odessa, FL 33556  City/State and Zip Code  kareem.sidhom@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kareem Sidhom  Name of Person  To State and Zip Code  Area Code  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  State Code				Firm/Company				
Odessa, FL 33556  City/State and Zip Code  kareem.sidhom@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kareem Sidhom  Same of Person  The please call:  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Same of Person  Same of Person  Same of Person  Same of Person  City/State and Zip Code  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Same of Person  City/State and Zip Code  Area Code  Same of Person  Sa		Address						
City/State and Zip Code  kareem.sidhom@gmail.com  E-mai! address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kareem Sidhom  Same of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} \text{ \$\Begin{array}{c} \text{S30.00 Filing Fee} \text{ \$\Begin{array}{c} \text{S55.00 Filing Fee} \text{ \$\Begin{array}{c} \text{S50.00 Filing Fee} \text{ \$\Begin{array}{c} \text{S60.00 Filing Fee} \text{ \$\Begin{array}{c} S60.00 Filing								
E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   Karcem Sidhom								
For further information concerning this matter, please call:    Kareem Sidhom								
Kareem Sidhom  at (			E-mail address: (	to be used for future annual report r	otification)			
Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee,	For furthe	er information c	oncerning this matter, please co	all:				
Enclosed is a check for the following amount:  □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee,	Kareem S	Sidhom		518 5450854				
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee,		Name o	f Person	Area Code Day	time Telephone Number			
	Enclosed	is a check for th	ne following amount:					
(additional copy is enclosed) Certified Copy	□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	■ \$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

(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  $\frac{08/22/2023}{1}$ and assigned Florida document number \_\_\_\_\_\_L23000394397 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 " 15985 Preserve Mrktplace Blvd PMB 2020 Enter new principal offices address, if applicable: Odessa, FL 33556 (Principal office address MUST BE A STREET ADDRESS) 15985 Preserve Mrktplace Blvd PMB 2020 Enter new mailing address, if applicable: Odessa, FL 33556 (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: 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.

City

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	Kareem Sidhom	15985 Preserve Mrktplace Blvd PMB 2020	□Add
,		Odessa, FL 33556	□Remove
			■Change
		<del></del>	□Add
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- H aut	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
the recor	d 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 ed.
Dated	09/21/2023
	Signature of a member or authorized representative of a member
	Kareem Sidhom
	Typed or primed name of signee

Filing Fee: \$25.00