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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED ACCOUNTANTS LLC

Account Number : I20230000115

Phone : (813)773-4973 Fax Number : (813)440-4499

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

Email	Address:	·	 	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOSTAK II LLC

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COVER LETTER

Division of Co			
HOSTAK			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALHRAQ		
		Name of Person	
		Firm/Company	
	7441 US HWY 301 S UNI	IT 111	
		Address	· · · · · · · · · · · · · · · · · · ·
	RIVERVIEW, FL 33578		
		City/State and Zip Code	
	INFO@UNIACC.NET	to be used for future annual report not	
For further information	concerning this matter, please e		incation)
ALITRAQ	emeering instructer, prease of	813 3892251	
	of Person	at (ne Telephone Number
Name :	at Person	Area Code Dayur	ne teiepnone Number
Enclosed is a check for	the following amount:		
€ \$25.00 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 Addre		Street Address: Registration Se	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

HOSTAK II LLC			
(Name of the Lim	ited Linh ility Company as it o	ow appears on our records.)
(Nume of the Limited I The Articles of Organization for this Limited I	. (A.), brids Limited Liability C liability Company were filed	ompany)/2 d on	
		/ 3023	and assigned
<u>.</u>			and assigned
Florida document number L230004[4530	•		
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	my." the designation "L.L.C" c	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	on bles		
• • • • • • • • • • • • • • • • • • • •		··-	٠, ٨
(Principal office address MUST BE A STRE	ET ADDRESS)		- <u> </u>
			8 7
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	(BOX)		
			17 7 0
			- - ω - ω
B. If amending the registered agent and/or	registered office address o	on our records, enter th	
agent and/or the new registered office addresses			
Name of New Registered Agent:	ALI IRAQ		
	1132 RISING MIST BL	VI	
New Registered Office Address:		Enter Florida street address	
		Eliter From the Street Butter Elit	22521
	RIVERVIEW	Flor	
	Cuy		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.

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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>Titte</u>	<u>Name</u>	Address	Type of Action
MGR	KHALED ERAQ	12119 TREE HAVEN AVE	
		GIBSONTON, FL 33534	Remove
			□ Change
MGR	SAAD ERAO	12119 TREE HAVEN AVE	
		GIBSONTON, FL 33534	□Remove
		<u></u>	□Change
MGR	ALI IRAQ	1132 RISING MIST BLVD	≅Add
		RIVERVIEW, FL 33578	□Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
historia de la districa			①Add
			□Remove
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	<u> </u>			
Tective date, if other than the date an effective date is listed, the date must be s	e of fiting:		(optional)	
an effective date is listed, the date must be so ote: If the date inserted in this block of periment's effective date on the Depart	does not meet the applicable	ate of filing or more than 90 statutory filing requires) days after filing.) Pursuant to 6 ments, this date will not be li	05,020 isted as
record specifies a delayed effective dat	te, but not an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 90th day af	fter the
is med.				
SPETEMBER 24TH	2024			
ated SPETEMBER 24TH	•			
Ali Irag	ature of a member or authorize	d representative of a mem	ber	

Filing Fee: \$25.00