10/19/23, 6,39 PM

Division of Corporations



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.

(((H23000366734 3)))



H230003667343ABC1

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 : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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 AJWANI ENTERPRISES LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

From: Mohd Afzal

COVER LETTER

TO:				•
SHRIF		ENTERPRISES LLC		
JUDJE	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
	Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th F1 Address Glendaie, CA 91203 City/State and Zip Code sherman1069@outlook com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: nne Moseley 800 773-0888 at (
			Firm/Company	
		101 N Brand Blvd 11th Fl		
		***************************************	re submitted for filing. matter to the following: Name of Person Firm Company Ith FI Address City/State and Zip Code ok com ress: (to be used for future annual report notification) ease call: at (
		Glendaie, CA 91203		
		sherman 1069@outlook con	•	
Firm:Company 101 N Brand Blvd 11th Fl Address Glendaie, CA 91203 City/State and Zip Code sherman1069@outlook com E-mail address: (to be used for future annual report notification)			ication)	
For furth	her information c	oncerning this matter, please co	all:	
Cheyen	ne Moseley			
	Name o	f Persun	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJWANI ENTERPRISES LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number <u>L23000445855</u> .	were filed on 09/26/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	418 Sarah Nicole Way	
Principal office address MUST BE A STREET ADDRESS)	New Smyrna Beach, FL 32168	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	-	
		<u>ٽڍ</u> خ
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r the name of the
egistered agent and of the new registered office address ner	<u>v</u> .	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		23 12
Gen Manager Vince Manager	Enter Florida street address	
	, Florida	
	Cirv	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.

MGR = Manager

_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	
			Remove
		-	Change
			□ Add
			□ Remove
			Change
		·	D Add
			□ Remove
			☐ Change
			_ □ Add
			🗀 Remove
			☐ Change
		□ Remove	
		<u> </u>	☐ Change
			
			Remove

D. If amending any other information, enter	B. (c)	and the state of the constitution of the state of the sta	
			_
		9 1000000	
	·		
***************************************	· · · · · · · · · · · · · · · · · · ·	.	
***	····		
<u> </u>			
			
			
			
7111			
			
12.00 of a 1.00 of a			
Effective date, if other than the date of fill (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does no document's effective date on the Department of	t meet the applicable statutory	(optional) g or more than 90 days after filing) Pursuant to tiling requirements, this date will not be	605.0207 (3 listed as th
the record specifies a delayed effective The 90th day after the record is filed	date, but not an effect d.	ive time, at 12:01 a.m. on the ea	rtier of:
Dated	_,		
JA H			_
Signature of	a member or authorized represen	sative of a member	
John Ajwani			

Typed or printed name of signee