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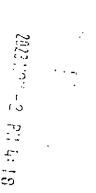
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COVER LETTER

TO: Registration Section - Division of Corporations
SUBJECT: SHANI BASTIAN 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:
Chani Bastiany Name of Person
JHANI BASTIANY, LLC Firm/Company
1070 Montgomery Rd. Suite 2084
Altamonte Springs, FL 32714 City/State and Zip Code
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Shani Bristiany at 678, 631-8118 Name of Person at 678, 631-8118 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $10/09/2023$ Florida document number 123000465502	and assigned
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 al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	1.23
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>-0</u>
	<u> </u>
R. If amonding the registered agent and/or registered office address an annual actuals	ි ල
B. If amending the registered agent and/or registered office address on our records, enter the nan agent and/or the new registered office address here:	ne of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	Zin 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	SHANI BASTIANY	1070 MONTGOMERY RD	ŒAdd
		Suite 2084	□Remove
		ALTAMONTE SPRINGS FL 33	<u>-}}</u> □Change
			🗆 Add
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<u>e:</u> If the date is	other than the date of listed, the date must be spec- nserted in this block does we date on the Departme	s not meet the applic	cable statutory filing	(opti ore than 90 days after g requirements, thi	onal) filing.) Pursuant to 60. s date will not be list	5.0207 ted as
cord specifies a filed.	delayed effective date, b	out not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b) The 90th day afte	er the
ed Octo	ber 19	202	3.			
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