L23000486475

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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2024 NOV 14 PH 1: 24
TALLAHASSEE FLORIDA

COVER LETTER,

TO: Registration Se Division of Co			
Skyyred Ll SUBJECT:	LC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hassan Mohammad		
		Name of Person	
		Firm/Company	
	10500 Fountain Lake dr#		
	Stafford, TX 77477	Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Hassan Mohammad		832 429-5169	
Name (of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[2] \$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

FILED 2024 NOV 14 PM 1: 24

(Name of the Limited Liability Company as it now appears on our rete(0.2) AHASSEE. FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/20/2023 and assigned

Florida document number 1.23000486975

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Owlmend LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOS)

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:

lew Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
		, Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Name of New 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

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
Member	Tayyab Nasir	110 Francis Street	≣ Add
		Darby, PA 19023	
			[]Change
			□Add
			□Remove
			(□Change
			□Add
			E}Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Add
			□Remove
			□Change

D. If amending any other informa	tion, enter change(s) h	ere: (Attach addit	ional sheets, if neces	sary.)	
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the app	dicable statutory fili	option (option nore than 90 days after fing requirements, this c	ual) 記言 C ling.) Bursmant to late will not be	605,0207 (3)(b listed as the
If the record specifies a delayed effectiv record is filed.	e date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day a	ifter the
Dated October 12	2024	·			
		Este			
	Signature of a member or a	athorized representativ	e of a member		
Emmanuel Perez					
	Typed or pr	inted name of signee			-

Filing Fee: \$25.00