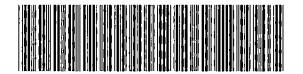
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

	Registration Se Division of Cor				
emble c		AY AREA BUSINESS CENT	ER LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
		HAMEED MOHAMMED)		
			Name of Person	 	
		TAMPA BAY AREA BU	SINESS CENTER LLC		
		·	Firm/Company		
	20627 LONGLEAF PINE AVENUE				
			Address		
		TAMPA FLORIDA 3364	7		
			City/State and Zip Code		
		MAHAMEED@YAHOO.0			
			to be used for future annual report no	tification)	
For further	er information of	oncerning this matter, please c	all:		
намее	D MOHAMME	.D	813 9294913		
	Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S	Section	Street Address: Registration So		
	Division of C P.O. Box 632		Division of Co The Centre of		
	r.O. Box 632 Tallahassee, I			t ananassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MOV 17 MIIO: 14

TAMPA BAY AREA BUSINESS CENTER LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	71.
The Articles of Organization for this Limited Liability Company Florida document number 1.23000490804	y were filed on 10/30/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	,	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4/0	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	47/1	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new registered
Name of New Registered Agent:	h 14	
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAWOOD SYED	20663 LONGLEAF PINE AVENUE	≣ A₫d
		TAMPA FLORIDA 33647	□Remove
			□Change
MGR	ALI SOOFI	2653 BRUCE B DOWNS BLVD #108A	≣ Add
		PMB117	□Remove
		WESLEY CHAPEL FLORIDA 33544	□Change
			□Add
			□Remove
			□Change
			□Add
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ffect	ive date, if other than the date of filing:
ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ient's effective date on the Department of State's records.
гесог	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the
l is fil	led.
	11/15/2023
ated	11/15/2023
	74/ \
	\mathcal{A}
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00