

L23000493 843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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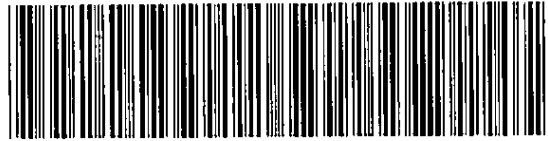
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SULTAB PACK and SHIP 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:

Rosy Sultana

Name of Person

SULTAB PACK and SHIP LLC

Firm/Company

16600 NW 54th Avenue, Unit # 20

Address

Hialeah, FL 33014

City/State and Zip Code

rsultana@allay.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosy Sultana

954

336-1136

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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 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

SECRET
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SULTAB PACK AND SHIP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 30, 2023 and assigned
Florida document number L23000493843

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 abbreviation "L.L.C."

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 BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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TALLAHASSEE FL

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>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--|---|
| AMBR | Abdul M Bhuiyan | 16600 NW 54th Avenue, Unit 20, Hialeah, FL 33014 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: November 8, 2023 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 8th 2023

R. Sullivan

Signature of a member or authorized representative of a member

Rosy Sultana

Typed or printed name of signee

Filing Fee: \$25.00

DATE: November 8th, 2023

To:

FLORIDA DEPRATMENT OF STATE

DIVISION OF CORPORACTIONS

P.O. Box 6327, Tallahassee, FL 32314

REFERENCE: AMENDMENT TO ARTICLES OF ORGANIZATION/ADDTION OF
AUTHORIZED MEMBER

Dear Sir/Madam,

This letter is to certify that I am filing an amendment to the articles of organization to add a new Authorized Member named Abdul M Bhuiyan to SULTAB PACK AND SHIP LLC, filed on October 30, 2023. A fee of \$25.00 has been added in the form of a check. Please let me know if there are any additional items necessary for this change to happen. I can be reached at phone (954)-336-1136 or by email rsultana@allay.us

Thank you very much for your consideration.

Sincerely,



Rosy Sultana

SULTAB PACK AND SHIP LLC

(954)-336-1136