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of 12/1/2023

COVER LETTER

KJSEDIQI,LLC SUBJECT: _ 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: Khwaja Jalaluddin Sediqi Name of Person Firm/Company 5201 Atlantic Blvd, Unit 63 Address Jacksonville, Florida 32207 City/State and Zip Code jalalsediqi@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Khwaja Jalaluddin Sediqi Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & **5** \$60,00 Filing Fee. □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO: * Registration Section

Division of Corporations

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

2023 1:3Y 14 ATT 7: 41

KJSEDIQLLLC		· -
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>(1-*)</u>
The Articles of Organization for this Limited Liability C	ompany were filed on November 06, 20	and assigned
Florida document number 1.23000503131	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
JALAL SEDIQI LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u> -
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	85
	. FI	lorida
	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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Flective date, if other than the date of filing: 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, the filing of the filing		
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to becoment's effective date on the Department of State's records. 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 list filed. November 09 2023 Signature of a member or authorized representative of a member.		
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