

# L23000521497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

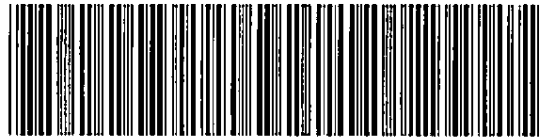
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TECH BARGAIN 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:

Amir Maklad  
Name of Person

TECH BARGAIN LLC  
Firm/Company

2040 Greenview Shores Blvd  
Address

Wellington, FL, 34114  
City/State and Zip Code

amirmaklad05@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amir Maklad at (561) 324-1190  
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

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2023 NOV 29



**MGR = Manager**  
**AMBR = Authorized Member**

Title	Name	Address	Type of Action
MGR	Wissam Mokhlad	2040 Greenviue shores Blvd	<input type="checkbox"/> Add
		Wellington, FL, 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bavzida Mekled	2040 Greenviue shores Blvd	<input type="checkbox"/> Add
		Wellington, FL, 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Blank lined area for amending information, crossed out with a diagonal line.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

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FILE

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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Amir Mahlad

Typed or printed name of signee