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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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02/13/24-01005-006 825.00 02/27/24 02/27/24

COVER LETTER

SUBJEC	FARAJOB	LLC		
00000		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		BAKHADYR FARADZH	10V	
	Registration Section Division of Corporations FARAJOB LLC That is a check for the following amount:			
		FARAJOB LLC		
			Firm/Company	_
		425 WINDRUSH BAY D	R	
			Address	_
		TARPON SPRINGS FL 3	4689	
			City/State and Zip Code	_
			,	
For turthe	er information co	oncerning this matter, please c	all:	
BAKHAI	DYR FARADZI	HOV		-1 " "1
	Name of	Person		
				15. 15.
Enclosed	is a check for th	e following amount:		
≡ \$25.0	00 Filing Fee		Certified Copy Certifica (additional copy is enclosed) Certified	tting ree; ate of Status & I Copy

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARAJOB LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Torida document number <u>L24000013762</u> .	were filed on 01/04/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	425 WINDRUSH BAY DR
Principal office address MUST BE A STREET ADDRESS)	TARPON SPRINGS FL 34689
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street addr e ss
	Florida

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.

City

Zip Code

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>	Address	Type of Action
AMBR	BAKHADYR FARADZHOV	425 WINDRUSH BAY DR	= Add
		TARPON SPRINGS FL 34689	□Remove
			Change
			□Add
		□ Remove	
			Change
			□Add
		Remove Change	
		© GiÀdd	
			□Remove
		Change	
		□Add	
		□ Remove	
		Change	
		□Remove	
			□ Change

Page 2 of 3

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-	<u> </u>
Note:	ive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	January, 29 202,4
	Signature of a member or authorized representative of a member
	BAKHADYR FARADZHOV
	Typed or printed name of signee