

L24000028756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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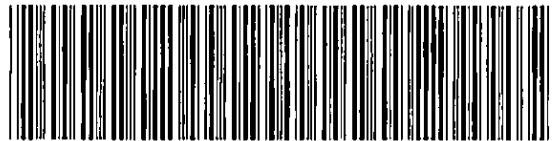
(Business Entity Name)

(Document Number)

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DATE 10/28/24 BY 10600A

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AR-RAHEEM INVESTIGATIVE SERVICES 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:

Maurice H. Mason

Name of Person

AR-RAHEEM INVESTIGATIVE SERVICES LLC

Firm/Company

8826 Cameron Crest Drive

Address

TAMPA, FLORIDA, 33626

City/State and Zip Code

chelsaativenhoe@gmail.com

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

For further information concerning this matter, please call:

Mason H. Mason

757 846-1590
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

AR-RAHEEM INVESTIGATIVE SERVICES 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 16 JAN 2024 and assigned Florida document number L24000028756.

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)

4207 S. DALE MABRY HWY. APT.2103

TAMPA, FLORIDA 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8826 Cameron Crest Drive

TAMPA, FLORIDA 33626

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:

Maurice H. Mason

New Registered Office Address:

4207 S. DALE MABRY HWY. APT 2103

Enter Florida street address

TAMPA,

Florida

33611

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, 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>
MGR / CI	Maurice H. Mason	8826 Cameron Crest Drive, TAMPA, FL 33626	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan Douglas Rodriguez		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Maurice H. Mason will be added as a MGR and CEO of AR-RAHEEM INVESTIGATIVE SERVICES LLC

Juan Douglas Rodriguez will be removed as MGR of AR-RAHEEM INVESTIGATIVE SERVICES LLC

Juan Douglas Rodriguez will have ZERO percent interest or shares in said LLC

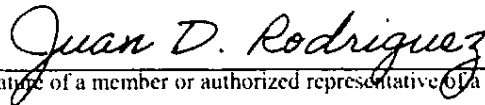
E. Effective date, if other than the date of filing: _____ (optional)

(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.

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 26 SEP 2024 _____



Signature of a member or authorized representative of a member

Juan D. Rodriguez

Typed or printed name of signee