

L24000034641

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : UNITED ACCOUNTANTS LLC
Account Number : I20230000115
Phone : (813)773-4973
Fax Number : (813)440-4499

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAYALY ZAMAAN LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

K. SALY

AUG 27 2024

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Corporate Filing Menu

Help



August 26, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAYALY ZAMAAN LLC
7819 N 56TH ST
TAMPA, FL 33617US

SUBJECT: LAYALY ZAMAAN LLC
REF: L24000034641

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is incomplete, missing 2 pages.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: B24000283527
Letter Number: 424A00019033

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Layaly Zaman 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:

Mohammed R Bashen
Name of Person

Firm/Company

7819 N 56th St
Address

Tampa FL 33610
City/State and Zip Code

Info@Univcc.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mohammed R Bashen at (470) 514-8014
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

FILED
2024 AUG 26 AM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Layaly Zamaan 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 01/17/2024 and assigned
Florida document number L24000034641.

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:

Mohammed R Basher

New Registered Office Address:

7019 N 56th St

Enter Florida street address

Tampa

City

Florida

33610

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.

Mohammed R Basher

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	Hamza Alqudah	110 W Dress St	<input type="checkbox"/> Add
		Plant City, FL 33563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mohammed R Basher	32482 Thorncastle Dr	<input checked="" type="checkbox"/> Add
		Wesley Chapel, FL 33545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUN 26 AM 3:12
STATE OF FLORIDA
TALLAHASSEE

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2024
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JUN 26 AM 3:12
CLERK OF DISTRICT COURT
JULIA HANSEN, CLERK
JULIA HANSEN, CLERK

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)

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.

Mohammed Bashir.
Signature of a member or authorized representative of a member

Mohammed Basher
Typed or printed name of signee

Filing Fee: \$25.00