



Office Use Only





100425580551

03/11/24--01015--009 **25.00



COVER LETTER

TO: Registration Division of C			
SUBJECT:	ASHID CON	STRUCTION	
		mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing	
	oondence concerning this matte	_	
	ELYAS	RASHID	
		Name of Person	
	RASHID	CONSTRUCTION Firm/Company	
	5017 PE	CLEPIPT AUE Address	ENUE
		Address	
	BELLE 1:	SLE, FL 32	2812
	R ASHIN LON	City/State and Zip Code LRETE @ g Mai, / .	(6177
For further information	concerning this matter, please c	(to be used for future annual report n	otification)
ELYAS R			
Name of Person		at (<u>919</u>) <u>96</u> Area Code Dayt	1-7624
	0., 6.3011	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	the following amount:		
☑ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of C	Corporations	Division of Co	orporations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



	NSTRUCTION, LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2400003973 (</u>	npany were filed on JANUARY 22, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(SS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	-
Mailing address MAY BE A POST OFFICE BOX)	-7
Hutting uturess MAT BE A FOST OFFICE BOAY	
	(A)
R. If amanding the registered agent and/or registered	office address on our records, enter the name of the new registe
gent and/or the new registered office address here:	Three address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

PACHIA

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, 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
MGR	ELYAS RASHID	5017 PECLEPORT AVE, BELLE ISL	FL DAdd
		3.5 &1 S	
			□Change
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			□Remove
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			□Add
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
the record cord is file	I 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 ed.
Dated _	FEBRUARY 215T 2024 Ulyas Paskel Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	ELYAS RASHID Typed or printed name of signee