

L24 0000 80817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

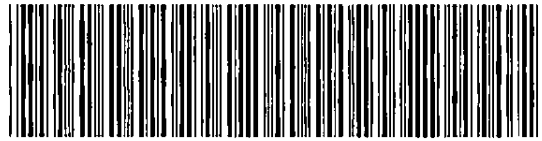
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STATE  
CLERK  
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

Greyhound LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

QAZI AHMED FARAZ SIDDIQUEI

Name of Person

GREY HOUND LLC

Firm/Company

1819 Wilson Street

Address

Hollywood, FL, 33020

City/State and Zip Code

FRAZ.SIDDIQUEI.FS@gmail.com

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

For further information concerning this matter, please call:

QAZI AHMED FARAZ

Name of Person

at (786) 921-6667

Area Code

Daytime Telephone Number

SIDDIQUEI

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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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Greyhound 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 02/14/24 and assigned  
Florida document number L24000080817

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)

1819 Wilson Street  
Hollywood, FL, 33020

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:

QAZI AHMED FARAZ SIDDIQUEI

New Registered Office Address:

Enter Florida street address

Florida

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>
CEO	QAZI AHMED	1819 Wilson street	<input type="checkbox"/> Add
	FARAZ	Hollywood, FL	<input type="checkbox"/> Remove
	SIDDIQUEI	33020	<input checked="" type="checkbox"/> Change
MGR	DLGA	1819 Wilson Street	<input type="checkbox"/> Add
	AVILOVA	Hollywood, FL	<input type="checkbox"/> Remove
		33020	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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COUNTY OF FLA

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J. MASSIE  
FALL MASSIE, FL

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2024 MAY -2 PM 12:42  
FBI - TAMPA  
TAMPA, FL

**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.

Dated

04/30/2024 30 April 2024 Ahmed Fara2

Signature of a member or authorized representative of a member

QAZI AHMED FARAZ SIDDIQUE  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**