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H240000815433ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: AVA FINANCIAL CONSULTANTS INC

Account Number: I20170000094 Phone: (954)842-1979 Exemumber: (954)905-4315

CORPORATED SEES FLORE

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

Emall Address:

AMINOCHER RGMAIL, COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DESHI FARM LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

M. SOLOMON

MAR 1 2024

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Corporate Filing Menu

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COVER LETTER

H240000815433

TO: Registration Sec Division of Corp			al,	115
DESHI FAR	RM LLC		•	
SUBJECT:	Name of Limi	ted Liability Company		
	Amendment and fee(s) are subt			
Please return all correspon	ndence concerning this matter t	e the following:		
	MOHAMMED N. HAQUI	3		
		Name of Person		
	DESHI FARM LLC			
		Firm/Company	***************************************	%a **a
	1018 ASPRI WAY			5007 E E D
		Address		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	RIVERA BEACH, FL 334	18		, '0
		City/State and Zip Code		
	AMINOCHER@GMAIL.C	OM to be used for future annual report notific	ation)	32
m s decidentions	oncerning this matter, please o			
MOHAMMED N. HAQ		561 827-6331		
	f Person	at ()	Telephone Number	-
Enclosed is a check for the	he 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 Fe Certificate of St Certified Copy (additional copy is 	atus &
<u>Mailing Addre</u>	19:	Street Address:		
Registration	Section	Registration Sec		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

H240000815433

2/5

		
bility Compa rida Limited I	ny as it now appears on our records.) Liability Company)	
y Company	were filed on FEB 15, 2024	and assigned
; :		
imited <u>li</u> ab	ility company here:	
r to the difficulty	I'm Company" the designation "LLC" or the	e abbreviation "L.L.C."
ilmited Liabi	my Company, the designation 1250 of the	•
DRESS)	N/A	171
		<u> </u>
		. 6
	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
tered office <u>re</u> : :/A	address on our records, enter the r	name of the new registere
I/A	Enter Florida street address	
l/A	, Florida	A
	City	Zip Code
	c Company imited liab Limited Liab DRESS) ered office ere: /A	imited liability company here: Limited Liability Company," the designation "LLC" or the DRESS! N/A N/A Preserved office address on our records, enter the records. A Enter Florida street address /A

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: H240000815433

MGR = Manager

AMBR = Authorized Member

315

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MOHAMMAD B. SATTAR	2341 SW 3RD CT	
		OKEECHOBEE, FL 34974	■Remove
			□Change
			DAdd
			□Remove
			Change
			☐Change
			Remove
			.c. Change: ∨
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Note: If the	late, if other than the da e date is listed, the date must be e date inserted in this block	does not meet the application	able statutory titing reduc	rements, this date will no	ot be listed as
document'	s effective date on the Depa	rtment of State's records.			
	ecifies a delayed effective d	. I a wat an affording ti	ma at 12:01 a.m. on the	earlier of (b) The 90th	day after the
e record sp rd is filed.	ecifies a delayed effective di	ie, but not by ellective th	ine, at 12.01 a.m. on the		•
P.F.	DD114PY 20	2024			•
Dated	BRUARY 29	,	··		
	Mohen	and Han	L		
	Sig	mature of a member or auth	orized representative of a me	ember	
	MOHAMMED N. HAQUI				

Filing Fee: \$25.00