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(((H240000948503)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From: .

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138

Phone Fax Number

: (786)239-9353 : (305)575-8465

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

Email	Address	
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	†	COVER LETTER	
TO: Registration S Division of Co			I_{ij}
SAYED A	ZEZ & ŒO LE.C		, ,
SUBJECT: WATED &		nited Liability Company	
		, , , , , ,	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspond	ondence concerning this matter	r to the following:	
	SAYED MOHAMMAD	A. RAHMAN	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	SAYED AZIZ & CO LLO		
		Firm/Company	
	17200 NE 64TH AVE AF	PT 20-216	
		Address	
	HIALEAH FL 33015		
	ainetaex E-mail address:	City/State and Zip Code OVES TOX S VCS To be used for future annual report not	((D'1')
For further information c	oncerning this matter, please c	all:	
SAYED MOHAMMAD	A. RAHMAN	424 391-6296	
Name o	f Person	Arca Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
圖 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>	<u>5:</u>	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of T	
Tallahassee, I			: Street, Suite 810

Tallahassee, FL 32303

SAYED AZIZ & CO LLC

Τo

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit Florida document number <u>L24000099995</u>	ty Company were filed on _02/26/2024	and ass	signed
This amendment is submitted to amend the following	7.		
A. If amending name, enter the new name of the l	limited liability company here:		
The new name must be distinguishable and contain the words."	Limited Liability Company," the designation "LLC" or th	e abbreviation "L	1C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			****
B. If amending the registered agent and/or registe	ered office address on our records, enter the na	22 202 amic of the nov	registered
agent and/or the new registered office address here	<u>e</u> :	TAR I	
Name of New Registered Agent:		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	-
New Registered Office Address:	Enter Florida street address		D
	. Florida	06 ATE	
	City	Zip Code	· 4

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 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

Title	Name	Address	Type of Action
MGR	HOSSAIN, SAKIB	812 SW 159TH DR	□l∧dd
		PEMBROKE PINES, FL 33027	■Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			DChange
			BAdd
			DRemove
			C]Add
			□Remove
			□Change

To:

Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (Optional) (If an effective date is firsted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Nate: If the date instruct on this block does not meet the applicable statutory filing requirements, this date will not be listed, document's effective date on the Department of State's records. (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 cord is filed. (Dated MARCH 1) (Optional) (Optional) (Optional) (If a 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 cord is filed.	<u></u>		
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Night the color member of authorized consequently of a month	<u> </u>	Signature of a member or authorized representative of a member	
SAYED MOHAMMAD A. RAHMAN			