# L24 000 1400521

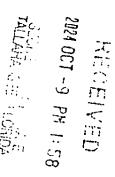
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filting Officer:
	J. HORNE OCT 10 2024

Office Use Only



500437638825

2024-001-9 11:8:57



# FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/9/2024

NAME: SHAHID MAHMODD LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

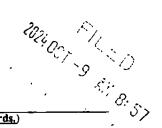
Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	AAHMODD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	SHAHID MAHMOOD		
		Name of Person	
		Firm/Company	<del></del>
	251 S STATE RD 7		
		Address	
	PLANTATION, FL 33317		
		City/State and Zip Code	
	SHAHIDMAHMOOD163@		
	E-mail address: (	to be used for future annual report r	notification)
For further information of	concerning this matter, please co	all:	
SHAHID MAHMOOD		954 584-2088	
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addre		Street Address:	
Registration Division of C		Registration Division of O	
P.O. Box 632			f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



### SHAHID MAHMODD 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 Florida document number <u>L24000140527</u>	were filed on 03/21/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SHAHID MAHMOOD LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	300 BISCAYNE BOULEVARD WAY	
(Principal office address MUST BE A STREET ADDRESS)	APT NO. 1705	
(1 This part of see waares) 1/10/1 DE 1/10/1/2011 120/1/2007	MIAMI, FL-33131	
Enter new mailing address, if applicable:	300 BISCAYNE BOULEVARD WA	AY
(Mailing address MAY BE A POST OFFICE BOX)	APT NO. 1705	
Transisting weeker coo 1/1/11 DE 1/11 OO 1 On 1 1 OO 2	MIAMI, FL-33131	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the n</u>	name of the new registe
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I a provided for in Chapter 605, F.S. (	ım familiar with and Or, if this document i.

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>	Name	Address	Type of Action
MGR	SHAHID MAHMOOD	300 BISCAYNE BOULEVARD WAY	□ Add
		APT NO. 1705	□Remove
		MIAMI, FL-33131	<b></b>
			□Add
			□Remove
•			□ Change
		<del></del>	□Add
			□Remove
			Change
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			По

=	
<u>-</u>	
•	
•	
-	
-	
•	
-	
•	
-	
•	
•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
ne reco ord is f	rd 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 led.
Dated	OCTOBER 08 2024
	Signature of a member or authorized representative of a member
	SHAHID MAHMOOD

Filing Fee: \$25.00