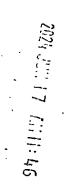
## 

(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 Filing Officer:				
J DETTICA				





08/17/24--01021--021 ++25.00



## DocuSign Envelope ID: 75B77EC2-0FF3-41CC-84F1-08F8C38576CB COVER LETTER

TO:	Registration Sec Division of Corp						
SHRIF	ESOOD AL	RAFDEN LLC					
300.020	- '	F:					
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspon	dence concerning this matter	to the following:				
		MOHAMMED MEFTEN					
			Name of Person	<del></del>			
		ESOOD AL RAFDEN LL					
			Firm/Company	····			
		128 QUEEN MARY DR					
			Address				
		DAVENPORT, FL 33837					
		mhamd_alasde/a yahoo,con	City State and Zip Code				
		E-mail address; (	to be used for future annual report non	lication)			
For furth	er information cor	ncerning this matter, please ca	uii:				
Reem A	ly		540 8502637				
	Name of I	Person	Area Code Daytin	e Telephone Number			
Enclosed	is a check for the	following amount:					
<b>■</b> \$25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(1) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address:		Street Address:				

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

DocuSign Envelope ID. 75B77EC2-0FF3-41CC-84F1-08F8C38576CB

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESOOD AL RAFDEN LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record hability Company)	<u>(x.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 5/2/2024	and assigned
lorida document number 1.24000206772		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office uddress MUST BE A STREET ADDRESS)		232
		<u>C. :</u>
Inter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE RON)		
		<u> </u>
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre:	N.
		orida Zip Code
	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.

DocuSign Envelope ID: 75B77EC2-0FF3-41CC-84F1-08F8C38576CB rr amenuing Authorized rerson(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
M <b>GQ</b>	Jaafar Mohammed Alasadi	128 QUEEN MARY DR. DAVENPORT, FL 33837	
			□Remove
			©Change
<del></del>			□Add
			🗀 Remove
			(DChange
			iDAdd
			□Remove
		• • • • • • • • • • • • • • • • • • • •	DChange
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		·	ElRemove
			□Change
			_ □Add
			ElRemove
			∐Add
			🗆 Remove
			☐(Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
(It an et <u>Note:</u>	ive date, if other than the date of filing:  [coptional]  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
ord is fi	
Dated	06/03/2024
	Mohammed Meften  Signature of a member of authorized representative of a member  Mohammed Meften
	Signature of a member of authorized representative of a member
	Mohammed Meften  Typed or printed name of signee

Filing Fee: \$25.00