L24000 25953

(Re	questor's Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration S Division of Co			and ·
aun in		RT & EXPORT FLORIDA LLC	,	
SUBJEC	J1:	Name of Lim	ited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	condence concerning this matter	to the following:	
		NOWAZ HELAZ		
			Name of Person	
		NJ IMPORT & EXPORT	FLORIDA LLC	
			Firm/Company	
		5405 NW 102ND AVE UN	NIT 209	
			Address	
		SUNRISE FL 33351		
			City/State and Zip Code	
		rakib.mohiuddin@aeraccou	~	
For furth	ner information	concerning this matter, please concerning this matter.	to be used for future annual report noti all:	neation)
Rakib M	1ohiuddin		347 552-6777	
	Name	of Person		ne Telephone Number
Enclosed	d 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 Addre Registration		Street Address: Registration Se	ection
	Division of	Corporations	Division of Cor	rporations
	P.O. Box 63	$\angle I$	The Centre of T	rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARTICLES OF O	RGANIZATION E// 5
NJ IMPORT & EXPORT FLORIDA LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000265953</u>	were filed on June 11, 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:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5405 NW 102ND AVE UNIT 209
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE FL 33351
Enter new mailing address, if applicable:	5405 NW 102ND AVE UNIT 209 SUNRISE FL 33351
(Mailing address MAY BE A POST OFFICE BOX)	501/KISE 12 55551
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
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 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>	Address	Type of Action
MGR	SHEIKH JAMAL	102 PLESANT HILL LANE	= Add
		TAMARAC, FL 33319	□Remove
			□Change
			□Add
			Remove
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ffect	ve date, if other than the date of filing: (optional)
ian efi Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor d is ti	d 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.
ated	08/16/2024
	Notes Heles Signafure of a member or authorized representative of a member
	() Signa(Are of a member or authorized representative of a member
	· · ·

Filing Fee: \$25.00