C24000300634

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	(Business Entity Name)
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Special Instructions to	Filting Officer.
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COVER LETTER

	tration Section of Corpo		110			
Е	TTYL		LL	-		
SUBJECT: _		····	Name of Limite	ed Liability Company		
The enclosed A	Articles of Ar	nendment and f	ee(s) are subm	itted for filing.		
Please return a	ll correspond	lence concerning	g this matter to	the following:		
		Mondal Hasar	n Zahid		for filing. following: Name of Person Firm/Company Address State and Zip Code ed for future annual report notification) at (
				Name of Person		
				Firm/Company		
		2701 NW 23rd	d Blvd, APt#1	17		
				Address		
		Gainesville, F	lorida 32605			
				City/State and Zip Coo	le	
		admin@ettyl.co				
		E-r	nail address: (to	be used for future annu	ial report notification)	
For further info	ormation con	cerning this ma	tter, please cal	l:		
Mondal Hasan	Zahid				3567467	
	Name of P	erson			Daytime Teleph	one Number
Enclosed is a c	heck for the	following amou	int:			
□ \$25.00 Fili	ing Fee	☐ \$30.00 Filin Certificate		Certified Copy		Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC

ETTYL				
(Name of the Limited Liability Comps (A Florida Limited	<u>iny as it now appears on our records</u> Liability Company)	i)		
The Articles of Organization for this Limited Liability Company Florida document number L24000300634	were filed on <u>07/05/2024</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility 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."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		C		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		1		
				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter t</u> Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	į			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is		

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shazia Sharmeen	2701 NW 23rd Blvd	= Add
		Apt#117	□ Remove
		Gainesville, Florida 32605	□Change
MGR	Md Mondal H Zahid	2701 NW 23rd Blvd	
		Gainesville, Florida 32605	≡ Remove
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change

'admin@ettyl.com'.				
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	_			
ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date mu- lote: If the date inserted in this bl	st be specific and cannot be pi	rior to date of filing or more th	nan 90 days after filing.) Pursuant to	
ocument's effective date on the D			unements, this date with not be	insteed as a
record specifies a delayed effective	e date, but not an effectiv	e time, at 12:01 a.m. on th	e earlier of: (b) The 90th day	after the
d is filed.				
July 15	2024			
July 15		·		
	17.17			

Typed or printed name of signee