## L24000318016

(Re	questor's Name)	<del></del> -
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
		RIPOLI 2199 LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		MOHAMMAD ALI GUL	ZARI	
			Name of Person	<del> </del>
		GULZARI CPA LLC		
			Firm/Company	
		1101 MIRANDA LN. STE	E 128	
			Address	
		KISSIMMEE, FL 34741		
		shad.leriche@gmail.com	City/State and Zip Code	· · ·
		E-mail address: (	to be used for future annual report notif	ication)
For furtl	her information ec	oncerning this matter, please ca	atl:	
МОНА	MMAD ALI GUI	ZARI	407 750-6011 at ()	
***************************************	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	e 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 Address	s:	Street Address:	

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LH BNB TRIPOLI 2199 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 were filed on  $\underline{-07/17/2024}$ \_\_\_\_\_ and assigned Florida document number  $\underline{1.24000318016}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LH BNB NO2 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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
			□Add
			□Remove
			☐ Change
		<del></del>	□Add
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		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			□ Add
			□Remove
			□Change

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effecti Note: If (	date, if other than the date of filing:
the record s cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated At	igust 12 . 2024 .
	Signature of a member or authorized representative of a member
	SHAD LERICHE
	Typed or printed name of signee

Filing Fee: \$25.00