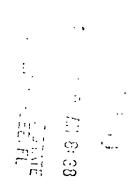
L24000357135

(F	Requestor's Name)	
	Address)	
\	1001033)	
(A	Address)	
	··	
(C	City/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(E	Business Entity Name)	
	Document Number)	
(L	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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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:

09/10/2024

NAME: SAJAAL LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co			
SAJAAL I	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	SAJID KHAN		
		Name of Person	
		Firm/Company	
	251 S STATE RD 7		
	······································	Address	
	PLANTATION, FL 33317	,	
		City/State and Zip Code	
	skhaninbox01@gmail.com		
For freshon in Company		to be used for future annual report re	otification)
For further information	concerning this matter, please c	all:	
SAJID KHAN		732 619-1103 at ()	•
Name	of Person	Area Code Dayt	ime 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	ection
Division of C		Division of C	

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

SAJAAL LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company were	ere filed on AUGUST 14, 2024 and assigned
lorida document number L24000357135	
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability</u>	y company here:
he new name must be distinguishable and contain the words "Limited Liability C	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)	
_	
	: ,
Enter new mailing address, if applicable:	, O
Mailing address MAY BE A POST OFFICE BOX)	
_	
	m 9
3. If amending the registered agent and/or registered office addigent and/or the new registered office address here: Name of New Registered Agent:	ress on our records, <u>enter the name of the new reg</u>
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 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

Title	<u>Name</u>	Address	Type of Action
MGR	MIKAAL KHAN	251 S STATE RD 7	□Add
		PLATATION, FL 33317	■Remove
			□Change
			□Add
			□Remove
			Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)	D
te: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date	will not be listed
cument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The	e 90th dav after t
s filed.		,
SEPTEMBER 6		
ed <u>SEPTEMBER 6</u> , <u>2024</u> .		
SEPTEMBER 6 Signature of a member or authorized represent		

Filing Fee: \$25.00