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(Requestor's Name)
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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC		AN GROUP TRANSPORTA	HON, LLC		
SUBJEC	. I i	Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		HOSSAIN IMAM			
			Name of Person	<del></del>	
		AL RAYYAN G	ROUP TRANSPORTATION Firm/Company	,LLC.	
		1465 W DONEGAN AVI			
		KISSIMMEE,FLORIDA,			
		City/State and Zip Code HIMAM32837@GMAIL.COM E-mail address: (to be used for future annual report notification)			
For furthe	er information c	oncerning this matter, please e	·	Heation)	
HOSSAI	IN IMAM		407 451-8815		
	Name of	f Person	Area Code Daytim	le Telephone Number	
Enclosed	is a check for th	ne following amount:		S INTERIOR S	"[]
■ \$25,6	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. 22 Certificate of Status & Certified Copy (additional copy) (Sector 10: 49)	
				<u> </u>	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

AL RAYYAN GROUP TRANSPORTATION, 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  $\frac{08-22-2024}{1}$ and assigned Florida document number 700435209837 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing add<u>ress MAY BE A POST OFFICE BOX)</u> 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 Florida 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PARVIN IMAM	1465 W DONEGAN AVE.	
		APT. G	□Remove
		KISSIMMEE, FL 34741	
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ffect	ive date, if other than the date of filing:
an ell l <mark>ote:</mark>	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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not beginted a
осип	nem's effective date on the Department of State's records.
	Service No.
recot Lis tī	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
	18TH DAY OF NOVEMBER 2024
ated	<del></del>
ated	$\sim$ 1 $\sim$ 2
ated	Signature of a member or authorized representative of a member