## L24000384663



(Re	questor's Name)	
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(Ĉit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	}
Certified Copies	_ Certificate	s of Status
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10/01/24--01042--012 \*\*25.00



Name: Somaya Elghannam

phone: (407) 925-7058

Address: 202 Live Oak Ct Lake Many FL 32746

Please add Ahmed ETbunna as president as soon as possible. Need done by Oct 1st 2024.

> Thanks in advanced! Appreciate you!

## **COVER LETTER**

TO: Registration Section

Div	ision of Corp	oorations		
	Saif Investm	ents LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	1 Anicles of A	Amendment and fec(s) are sub-	nitted for filing.	
		ndence concerning this matter		
i icase returi	i an correspon	interior concerning and manner		
		Ahmed Elbanna		
			Name of Person	<del>12</del>
			Firm/Company	
		202 Live Oak Ct.		
			Address	
		Lake Mary, FL		
		elbannado@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Ahmed Elb	anna		407 766-8106 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■ \$</b> 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)
Re	ailing Addres	Section	Street Address: Registration Se Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
Ta	allahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saif Investments LLC  (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
		nd assigned
The Articles of Organization for this Limited Liability Company v	vere med ona	nu assignee
Florida document number L24000384663		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrevial	ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	2 <u>0</u> 14
Trincipus office was established	1:	-
	)-	<del>-</del>
	$\mathbb{R}^{2}$ .	 
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	[13]	<del></del>
	- T	 <u></u>
	ri (	Ξ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of t</u>	he new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zij	o 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
President	Ahmed Elbanna	202 Live Oak Ct.	
		Lake Mary, FL 32746	□Remove
			Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
<del></del>			□Add
			□Remove
			☐Change

ffective date, if other than the date of filing:			
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