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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LÉTTER

TO: Registration Se Division of Cor					
Khan Rodr	iguez, LLC				
SUBJECT:	Name of Lim	ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	mittad for filing			
	ndence concerning this matter	-			
	Dominic Rodriguez				
		Name of Person			
	Khan Rodriguez, LLC				
		Firm/Company			
	340 SE 3rd St., # 907				
		Address			
	Miami FL, 33131				
		City/State and Zip Code		20 S	
	drodriguez1282@gmail.c	om to be used for future annual report noti	47	17A	- .
For further information e	oncerning this matter, please c		neation)	HILLEU 2024 NOV 26 PM 2: SECRETARY OF ST TALLAHASSEE, I	_
	eneconing and animor, preside c	925 9808326		N 26 PI ETARY O LAHASS	_
Dominic Rodriguez	c n	at ()	72 1 5 1	SER SER	· -
Name o	rerson	Area Code Daytim	e Telephone Number	PM 2: 03 Y OF STATE (SSEE, FL	-
Enclosed is a check for the	ne following amount:			Lii	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py	
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address; Registration Se Division of Co		1/12/2	

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

Khan Rodriguez, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on September 18, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Khan Rodriguez, PLLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADDRES)</u>	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the nan</u>	SECHE OV
Name of New Registered Agent:		26 P ARY C
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	2: 03 STATE E, FL
		m -
	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 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
			□Add
			□Remove
			□Add
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			(J. 1)	2: 03 STATI
ective date, if other than the confective date is listed, the date must te: If the date inserted in this blockward is effective date on the Department's effective date on the Department.	be specific and cannot be prior ik does not meet the applic	to date of filing or more		
ecord specifies a delayed effective s filed.	date, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
November 26	2024			
R 1		·		
<u> </u>	ignature of a member or author	orized representative of a	a member	

Filing Fee: \$25.00