# M19000010448

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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### CORPORATE ACCESS, \_

#### When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

	PICK UP:	MARIA 10/29
	CERTIFIED COPY	
XX	РНОТОСОРУ	
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CR2E055 (9/15)

#### **COVER LETTER**

TO:	Registration S Division of C				
	Division of C	orporations			
SUBJ	ECT:	DMCC 11425	HWY 19 LLC		
		Name of Foreig	gn Limited Liał	oility Co	mpany
Door 9	Sir or Madam:				
Dear	or wadam.				
The er	nclosed applicat	ion, certificate and fee(s	) are submitted	for filing	g.
Please	return all corre	spondence concerning th	nis matter to the	followi	ng:
SHEN	IETA PALMER-I	DANIELS			
		Name of Person			
NISHA	AD KHAN P.L.				· ·
-	· , <u>-</u>	Firm/Company		<del></del>	1
1303 N	I. ORANGE AVE	ENUE			, n.: :
	<del></del>	Address		_	
ORLA	NDO, FLORIDA	32804			
		City/State and Zip Cod	le	_	
SHEN	IETA@NISHADI	KHANLAW.COM			
E-m	nail address: (to	be used for future annua	l report notifica	ntion)	
For fu	rther informatic	on concerning this matter	nlease call		
	IETA PALMER-I	_	407 at (	228-9	711
	Name	of Person	- \	& Dayı	time Telephone Number
	Mailing Address			Street A	
	Registration S				ration Section
	Division of C P.O. Box 632				on of Corporations entre of Tallahassee
	Tallahassee, 1			2415 N	N. Monroe Street, Suite 810 assee, FL 32303
	Enclosed is a	check for the following	amount:		
<b>■\$</b> 25		S30 Filing Fee &	□ \$55 Filing	Fee &	☐ \$60 Filing Fee.
		Certificate of Status	Certified (	Сору	Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

State: DMCC 1	1425 HWY 19 LLC
Enter new principal office address, if applicable:	
( <u>Principal office address</u> MUST BE <u>A STREET A</u> DDRESS)	
MOST BE A STREET ADDRESS)	
	رن رن دع
Enter new mailing address, if applicable:	
( <u>Mailing address</u> MAY BE A POST OFFICE BOX)	•
	· <del></del>
	· · · · · · · · · · · · · · · · · · ·
2. The Florida document number of this limited lia	ability company is: M19000010448
3. Jurisdiction of its organization: DELAWARE	
4. Date authorized to do business in Florida: 9	/23/2019
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company:	11425 HWY 19 LLC
(mus	st contain "Limited Liability Company," "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that chan						
Title/ Capacity	<u>Name</u>	Address	Type of Ac			
MGR	ORACLE HOLDINGS LLC	234 N WESTMORE DR., SUITE 1030	<b>≘</b> A(			
		ALTAMONTE SPRINGS, FL 32714	□Re			
AR	NISHAD KHAN	1303 N ORANGE AVE.	DA			
		ORLANDO, FL 32804	<b>=</b> Re			
_AR	BIZSIGN SOLUTIONS, LLC	1303 N. ORANGE AVENUE	<b>=</b> A			
		ORLANDO, FL 32804	□Re			
			□Ac			

jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Nishad Khan

Typed or printed name of signee

Filing Fee: \$25.00

Page 1

## Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE

STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DMCC 11425

HWY 19 LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "11425 HWY 19 LLC" ON THE SEVENTEENTH DAY OF OCTOBER, A.D.

2025, AT 9:23 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "11425 HWY 19 LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2019.

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sancher

Authentication: 205168468 Date: 10-29-25