# L13000147310

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### **COVER LETTER**

TO: Registration Section

Division of Corporations

## SHADDAI FINE LEBANESE CUISINE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## LOUIS J. TERMINELLO

Name of Person

TERMINELLO & TERMINELLO, P.A.

Firm/Company

2700 S.W. 37TH AVE.

Address

CORAL GABLES, FL 33133

City/State and Zip Code

JOSHUA@TERMINELLO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA REMEDIOS

305 444-5002

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Fiting Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### SHADDAI FINE LEBANESE CUISINE, 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 Liab	pility Company were filed on 10/17/13	and assigned
Florida document number L13000147310	·	T I I I I I I I I I I I I I I I I I I I
This amendment is submitted to amend the follow	_	-7 P
A. If amending name, enter the new name of t		J: 4 STATI
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the d	esignation "LLS" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	da 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	ANTON H. SAMOUR	14604 SW 44 TERRACE	Add
		MIAMI, FL 33175	Remove
MGR	ANTON H. SAMOUR	14604 SW 44 TERRACE	
		MIAMI, FL 33175	Remove
		TAL	Add
		LAHASSEE, F	2013110V - 7 P
		FLORIDA	Action
			Remove
			Add
			Remove

If amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
OCTOBER 23	2013
d OCTOBER 23	, <del>2013</del> .
	$\wedge$
Signature of	a member or authorized representative of a member
ANTON H. SAMOUR	
	Typed or printed name of signee

or printed name of signe

Page 3 of 3

Filing Fee: \$25.00

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