12/8/22, 8:25



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA

Account Number : I20220000125

Phone : (239)494-0057 Fax Number : (239)913-6599

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNER 286 PRIME FOOD LLC

Certificate of Status	0
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Corporate Filing Menu

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T. LEMIEUX

AUG 15 2024

## COVER LETTER ,

TO: Registration Se Division of Cor			4		
	FOOD LLC				
SUBJECT:	Name of Lim	ited Liability Company			
erri i la ciù co	4 10 10 10 10 10 10	with A Co. Clina			
	Amendment and fee(s) are sub				
Please return all correspo	ondence concerning this matter	to the following:			
	BAROUD BASSAM				
		Name of Person			
	7				
		Fire/Compаny			
	10700 NW 66ST	·			
	<u></u>	Address	<del></del>		
	DORAL, FLORIDA, ZIP	CODE 33178			
		City/State and Zip Code			
	tuoficinaenusa@gmail.com				
	E-mail address: (	to be used for future annual report notif	heation)		
For further information of	concerning this matter, please c	all:			
BASSAM BAROUD		239 4940057 at ()			
Name of Person		Area Code Daytime	e Telephone Number		
Enclosed is a check for t	he 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)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>		
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Sec Division of Cor			
P.O. Box 632		The Centre of Tallahassee			
Tallahassec,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

286 PRIME FOOD LLC				
(Name of the Limite	ed Liability Company (A Florida Limited Liab	25 it now appears on our repility Company)	ecords.)	
	<b>(</b>			
The Articles of Organization for this Limited Li	ability Company wo	ere filed on 11/24/2020	ar	nd assigned
Florida document number 1.20000361291				
Tronda document natrioci	<del></del> •			
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation '	"LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
	-	·		<u>.                                      </u>
A				
Enter new mailing address, if applicable:	-		·	<del></del>
(Mailing address MAY BE A POST OFFICE I	BOX)		<del></del>	<del></del>
	-		<u>-</u>	
			\$ 1. CE	200
B. If amending the registered agent and/or re		dress on our records, <u>e</u>	nter the name of th	e new registere
agent and/or the new registered office addres	s here:			
			( <u>)</u>	LE 12
Name of New Registered Agent:	DAVID NOHRA	ZAKIA	امد مورد د المسيد - المسيد	<u> </u>
Name Basistand Office Address	Registered Office Address: 28715 ALESSANDRIA CIRCLE			
Men Kegizieren Ottlee Vaniezz		Enter Florida street a	ddress ZZ	~~ <u>~</u>
	BONITA SPRINC	3S	, Florida 34135	. ,~
		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	KAFERNAQUI ALIB A	10700 NW 66ST DORAL, FL ZIP CODE 33178	🗆 Add
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fan effective da Note: If the d	e, if other than the te is listed, the date mu- ate inserted in this bl fective date on the D	st be specific and ock does not n	l cannot be prior: neet the applica	to date of filing or able statutory fil	more than 90 days	optional) after filing.) Pursuat s, this date will not	nt to 605.0207 ( be listed as t
record specif rd is filed.	ies a delayed effectiv	e date, but not	an effective ti	ne, at 12:01 a.m	n on the earlier o	of: (b) The 90th d	lay after the
Dated AUGU	ST 12		2022	1			
Jated				-			
			1	χ.			

Filing Fee: \$25.00

Typed or printed name of signee