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SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration S Division of Co			
	Beach, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mahmoud S Elbehiri		
		Name of Person	
	La Luna Beach, LLC.		
	<u> </u>	Firm/Company	
	600 Sweetwater Bay Ct		
		Address	
	Longwood, Floirda 32779		
	14 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	City/State and Zip Code	
	samybehiri@gmail.com		
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Mahmoud S Elbehiri		407 617-3636 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$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)
Mailing Addre		Street Address:	
Registration	Section Corporations	Registration S Division of Co	
P.O. Box 63		The Centre of	-
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Luna Beach, LLC		A TI
	ty Company as it now appears on our records.)	
(A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	Fe 🛌 m
The Articles of Organization for this Limited Liability C Florida document number L22000100989	Company were filed on February 25, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ziad Edeis	815 Bella Vida Blvd, Orlando, FL 32828	_ ■Add
			□Remove
			□Change
AMBR	Skyline Development International	2130 NE 36 St., Suite 64, Lighthouse Point, FI 33064	_ 🖹 Add
			□Remove
		 	_ □Change
AMBR	Fadhl Ayedh	14511 Dover Forest Dr. Orlando, Fl 32828	= Add
		. .	□Remove
			_ □Change
AMBR	Mahmoud Mahmoud	141 Sandy Oaks Place, Longwood, Fl 32779	_ ≣Add
			_ □Remove
			_ DChange
AMBR	Banna Development	14524 Velleux Dr., Orlando, Fl 32837	= Add
			□Remove
			□Change
AMBR	Sherif Meleka	1929 Millington Lane, Jacksonville, Fl 32246	\alpha \text{Add}
			□Remove
			□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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Yvette Yamckek Meleka	1929 Millington Lane, Jacksonville, Fl 32246	🗐 Add
			□Remove
			□Change
AMBR	Michille Meleka	21 W Mt Vernon Street. PA 19446	\ \exists \Add
			□Remove
			□Change
AMBR	Nayra Shehah Eldin	600 Sweetwater Bay Ct, Longwood, Fl 32779	🗃 Add
			□Remove
			□Change
AMBR	Maher Sayyed	2348 Stone Cross Circle, Orlando, Fl 32828	= Add
			🗀 Remove
			□Change
AMBR	Majida Shawwa	1907 Turtle Creek Place, Orlando, Fl 32825	🖺 Add
			□Remove
AMBR	Khaled Odeh	10239 Cypress Trail Drive, Orlando, Fl 32825	\ Add
			□Remove
			□Change

	-			
	*			
				
				
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			. <u>.</u>	
				
				
Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block	k does not meet the applica	o date of filing or more th ble statutory filing req	an 90 days after filing.) Pursuant uirements, this date will not	t to 605.0207 be listed as
document's effective date on the Department				
document's effective date on the Depa e record specifies a delayed effective d	ate, but not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th da	sy after the
e record specifies a delayed effective d	2022	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th da	sy after the
document's effective date on the Department of t	2022	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th da	sy after the
document's effective date on the Department of the Perare record specifies a delayed effective did is filed. Dated March 28.	2022			ay after the

Filing Fee: \$25.00