

L23000254928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

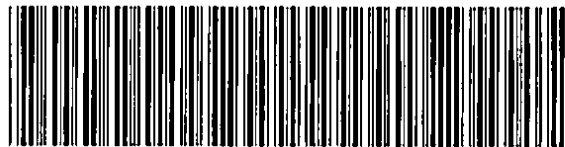
(Business Entity Name)

(Document Number)

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24 APR 22 PM 6:44  
TALLAHASSEE, FLORIDA  
STATE

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORIENTAL TOUCH 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:

OUMAIMA ALAOUÏ YAZIDI  
Name of Person  
ORIENTAL TOUCH LLC  
Firm/Company  
11528 S US HIGHWAY 41  
Address  
GIBSONTON, FL 33534  
City/State and Zip Code  
JOSEPHKAAB@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

OUMAIMA ALAOUÏ YAZIDI at (561) 706-1134  
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 Filing 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 Address:**  
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**

ORIENTAL TOUCH 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 Liability Company were filed on 05 24 2023 and assigned Florida document number L23000251928.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

11528 S US HIGHWAY 41

GIBSONTON, FL 33534

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

11528 S US HIGHWAY 41

GIBSONTON, FL 33534

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24 APR 22 PM 6:45  
CLERK OF THE CIRCUIT COURT  
STATE OF FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida 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 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KAAB TRUCKING COMPANY II	189 MANGROVE MANOR DR	<input type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KAAB & CO INC	11528 S US HIGHWAY 41	<input checked="" type="checkbox"/> Add
		GIBSONTON, FL 33534	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOUSSEF KAAB	189 MANGROVE MANOR DR	<input checked="" type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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