## LZ3000275125

(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:





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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT:	FOUADTION Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
	indence concerning this matter t		
		M. Hassoun Name of Person	
	four	ADTION LLC Firm/Company	<u> </u>
	2726 N	W 104th Ave	Ap+ 209
	Sunrise	Fluvi da 333 City/State and Zip Code	322
		o be used for future annual repo	
For further information c	oncerning this matter, please ca	all:	
Found Name o	M. Hyssoun Person	at ( <u>954</u> )	636-9446 Daytime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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

FOUADTION, LLC

( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.)  oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000275/25</u> .	ere filed on <u>06/06/2023</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
FOUAD'S Cleaning Service, LLC The new name must be distinguishable and contain the words "Limited Liability	Company "the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, Florida 33322
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2726 NW 104th Ave Apt 209 Sunrise, Florida 33322
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida The Code
New Registered Agent's Signature, if changing Registered Agent:	rı <b>G</b>
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>	Name	Address	Type of Action
MGR	Hiba A. Nesr	2726 NW 164th Ave Apt 20	29 DAdd
		Survey Plorida 33322	□Remove
			Change
			DbA 🗆
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Jue 28 . 2023.
	June 28 . 2023 .  Signature of a member or authorized representative of a member
	Touad M. Hassuus Typed or printed name of signee

Filing Fee: \$25.00