

L2H000 112 195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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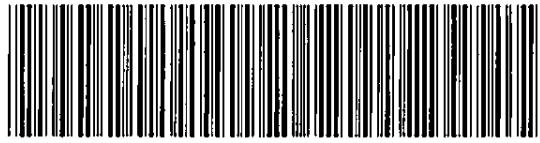
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Marlene Leon-Rubido*

Attorney At Law

850 NW 42 Avenue  
Office Building, Suite 205  
Miami, Florida 33126  
email: marlenerubido@rubidolaw.com

Tel: (305) 596-2211  
Tel: (305) 446-2517  
Fax: (305) 446-7521

May 2, 2024

Division of Corporation  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: 7600 Wiles LLC**  
**Amendment to Articles of Organization**  
**Resignation**

Dear Sir or Madam:

As per your instructions, enclosed are:

1. Articles of Amendment.
2. Resignation
3. Checks in the sum of \$25.00, representing your fee for each filing.

Thank you for your courtesies and please do not hesitate to contact me if you have any questions.

Sincerely,



Marlene Leon-Rubido, Esquire

Enclosures

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TALLAHASSEE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 7600 WILES, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Marlene Leon Rubido, Esq.  
Name of Person  
  
Firm/Company  
  
850 NW 42 AVENUE, SUITE 205  
Address  
  
MIAMI, FLORIDA 33126  
City/State and Zip Code  
  
northlakecapitalllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Leon Rubido, Esq.                      305              596-2211  
Name of Person                      at (              )              Daytime Telephone Number  
Area Code

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**TALLAHASSEE, FL**

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**

7600 WILES, 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 March 8, 2024 and assigned Florida document number L24000112195

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: JAFAR SHEHADEH

New Registered Office Address: 1039 Drexel Rd

*Enter Florida street address*

West Palm Beach


Florida 33417

*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

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**TALLAHASSEE, FL**

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>                      |
|--------------|----------------|---------------------------|--|
| MGR          | CALED HAMED    | 1039 Drexel Rd            | <input type="checkbox"/> Add               |
|              |                | West Palm Beach, FL 33417 | <input checked="" type="checkbox"/> Remove |
|              |                |                           | <input type="checkbox"/> Change            |
| MGR          | JAFAR SHEHADEH | 1039 Drexel Rd            | <input type="checkbox"/> Add               |
|              |                | West Palm Beach, FL 33417 | <input type="checkbox"/> Remove            |
|              |                |                           | <input checked="" type="checkbox"/> Change |
| MGR          | BILAL SHEHADEH | 1039 Drexel Rd            | <input type="checkbox"/> Add               |
|              |                | West Palm Beach, FL 33417 | <input type="checkbox"/> Remove            |
|              |                |                           | <input checked="" type="checkbox"/> Change |
| MGR          | WADI SHEHADEH  | 1039 Drexel Rd            | <input type="checkbox"/> Add               |
|              |                | West Palm Beach, FL 33417 | <input type="checkbox"/> Remove            |
|              |                |                           | <input type="checkbox"/> Change            |
|              |                |                           | <input type="checkbox"/> Add               |
|              |                |                           | <input type="checkbox"/> Remove            |
|              |                |                           | <input type="checkbox"/> Change            |

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J. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 30 , 2024 .

 \_\_\_\_\_  
Signature of a member or authorized representative of a member

JAFAR SHEHADEH, MGR  
\_\_\_\_\_  
Typed or printed name of signee