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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES
Account Number : 120040000007
Phone : (305)640-0281
Fax Number : (305)489-2902

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

Email Address: LAXMYS CARRIER1@GMAIL.COM

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

HAIROL FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

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JUN 19 2024
T. LEMIEUX

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6/18/2024 9:58:50 AM PAGE 1/001 FAX Server



June 18, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HAIROL FAMILY LIMITED PARTNERSHIP

19867 NW 85 AVE

MIAMI, FL 33051

SUBJECT: HAIROL FAMILY LIMITED PARTNERSHIP

REF: A17000000011

We have received your document for HAIROL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must send in the complete amendment in order for it to be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H24000199060
Letter Number: 324A00013190

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAIROL FAMILY LIMITED PARTNERSHIP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROLA H ELANNAN

Contact Person

HAIROL FAMILY LIMITED PARTNERSHIP

Firm/Company

19867 NW 85TH AVE

Address

MIAMI, FL 33051

City, State and Zip Code

LAXMYSCARRIERI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROLA H ELANNAN

at (305) 640-0281

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

HAIROL FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 01/09/2017, assigned Florida document number A17000000011, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be *STREET* address)

New Mailing Address:

(May be post office box)

C. 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:

RAWABI HAISSAM ELANNAN

New Registered Office Address:

19867 NW 85TH AVE

Enter Florida street address

HALEAH

City

Florida 33015

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.


 If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>G</u>	<u>ROLA H ELANNAN</u>	<u>19867 NW 85TH AVE</u> <u>MIAMI, FL 33051</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>RAWABI HAISSAM ELANN</u>	<u>19867 NW 85TH AVE</u> <u>HIALEAH, FL 33015</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



Signature(s) of all new or dissociating general partner(s), if any:

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75