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,
(Requestor's Name)
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(Document Number)
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T GLASS JUN 18 2019

COVER LETTER

TO: Registration Section of Con					
	MER L.L.C.				
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	IRA R. SHAPIRO				
		Name of Person		201	
	IRA R. SHAPIRO, P.A.			2019 HAY 2	
		Firm/Company	· ·	172	-1 1,
	16375 NE 18TH AVENU	E SUITE 225		,1., ω	FILED
		Address		AH 8:	_,
	NORTH MIAMI BEACH	, FL 33162		28	
	office@irarshapiropa.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please c	all:			
IRA R. SHAPIRO		305 944-3936			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Contain the state of the state	6.11.				
Enclosed is a check for the \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing	o Em	
= 325.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Co	of Status &	
ATATI	ING ADDRESS:	CTBEET/OAUDIT	D ADDDESS.		
Registr	ation Section	STREET/COURIE Registration Section			
	on of Corporations ox 6327	Division of Corpora Clifton Building	tions		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	Omnany at it now annears on our record	
(A Florida Lin	ompany as it now appears on our record ited Liability Company)	<u>5.</u> /
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on NOVEMBER 9, 2	and assigned
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 ADDRES.	<u></u>	
		2019
Enter new mailing address, if applicable:	P.O. BOX 693003	HAY2
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33269	
		₹ 0
 If amending the registered agent and/or registere registered agent and/or the new registered office address 	d office address on our records	, enter the name of the
egistered agent and/or the new registered office address	nere:	
Name of New Registered Agent:		
New Registered Office Address:	<u></u> .	
	Enter Florida street address	
		orida
	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>	Address	Type of Action
MGR	SALAH AMER	P.O. BOX 693003	
		MIAMI, FL 33269	
			Remove
			☐ Change
MGR	EMAN AMER	P.O. BOX 693003	
		MIAMI, FL 33269	
			□ Remove
			■ Change
			□ Remoye □ Change 23 □ Add
			723 TAN
			# 150 P. Refflore 28
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(lfan e <u>Not</u> e	ctive date, if other than the date of filing: [Coptional] [Coptional	5.0207 (3)(b) ted as the
If the r (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed.	er of:
	3 116/13/20	
Date	d, 4 .	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

IRA R. SHAPIRO, P.A.

ATTORNEYS AND COUNSELORS AT LAW BAYLEE EXECUTIVE CENTER • SUITE 225 16375 NORTHEAST 18TH AVENUE NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO BAYLEE L. SHIENBAUM

DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 EMAIL: office@irarshapiropa.com

May 21, 2019

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Salah Amer L.L.C.

Articles of Amendment

IRAR SHAPIRO

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for Salah Amer L.L.C., a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

Sincerely,

IRS/sma

Encl.

scorp amer 52119,1