

200000013796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

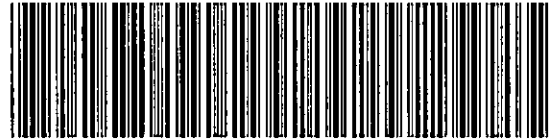
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DEC 21 2022

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DIVISION OF REVENUE  
DEC 29 AM 1:51

**IRA R. SHAPIRO, P.A.**

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BAYLEE EXECUTIVE CENTER • SUITE 225  
16375 NORTHEAST 18<sup>TH</sup> AVENUE  
NORTH MIAMI BEACH, FLORIDA 33162

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EMAIL: [office@irarshapiropa.com](mailto:office@irarshapiropa.com)

September 26, 2022

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Salah Amer L.L.C.  
Articles of Amendment

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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,



IRA R. SHAPIRO

IRS/gg

Encl.

gltrs amer92622 1

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SALAH AMER L.L.C.

\_\_\_\_\_  
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:

IRA R. SHAPIRO

\_\_\_\_\_  
Name of Person

IRA R. SHAPIRO P.A.

\_\_\_\_\_  
Firm/Company

16375 NE 18 AVENUE, SUITE 225

\_\_\_\_\_  
Address

NORTH MIAMI BEACH, FL 33162

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

IRA R. SHAPIRO

305 944-3936

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

SALA AMER L.L.C.

(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 11/09/2000 and assigned  
Florida document number L00000013796.

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)

SEP 29 AM 11:47  
OFFICE OF  
CLERK OF  
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:

SALAH Ramez

New Registered Office Address:

10300 SW 65 Ave

Enter Florida street address

Pinecrest FL 33156

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

SALAH Ramez

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	SALAH AMER	10300 SW 65th Avenue	<input type="checkbox"/> Add
		Pinecrest, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	EMAN AMER	PO BOX 693003	<input type="checkbox"/> Add
		MIAMI, FL 33269	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED  
SEP 20 AM 1:57  
CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

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

FILED  
SECRETARY  
DIVISION OF  
SEP 29 AM 1:07

**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**

9/20/22

6

Signature of a member or authorized representative of a member

SALAH AMER

Typed or printed name of signee

**Filing Fee: \$25.00**