LC400045388

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(Business Entity Name)
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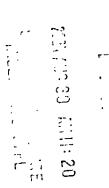
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COVER LETTER

TO: Registration Se Division of Cor			
	olding, LLC.		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Galletta, Jr.		
		Name of Person	
	Law Offices of John Galle	tta, Jr., P.L.	
		Firm/Company	
	1095 Anastasia Boulevard		
		Address	
	Saint Augustine, Florida 3	2080	
		City/State and Zip Code	
	hesham71@yahoo.com	to be used for future annual report notifies	ation)
For further information c	concerning this matter, please c		
John Galletta, Jr.	p	904 461-6644	
	f Person	at ()	'elephone Number
raine o	1 (), ()	And exact may mile	Copposite Francisco
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 enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	် က
Registration S Division of C		Registration Secti Division of Corpo	
P.O. Box 632		The Centre of Tal	
Tallahassee, I	FL 32314	2415 N. Monroe S Tallahassee, FL 3	Street, Suite 810 📑 🔁 🖂

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sabbagh Holding, LLC.		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records da Limited Liability Company)	5.)
The Articles of Organization for this Limited Liability Florida document number L04000045388	Company were filed on June 16, 2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	Y
		orida Zip Code
	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 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>	Type of Action
MGRM	Hisham Sabbagh	4950 Crescent Technical Court	≅ Add
		Saint Augustine, Florida 32086	□Remove
			☐Change
MGRM	Ahmad Sabbagh	4950 Crescent Technical Court	= Add
		Saint Augustine, Florida 32086	□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
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Effective dat	late inserted in this	he date of filing nust be specific and block does not me Department of St	neet the applicabl	date of filing or more to e statutory filing red	quirements, this da	al) ng.) Pursuant to 605 ate will not be liste	.0207 (3)(bed as the
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<u>Note:</u> If the d document's ef	fies a delayed effec	124 Tuff		at 12:01 a.m. on the		The 90th day after	r the

Filing Fee: \$25.00