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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 19 AM 9:30

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JUL 26 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6719 SOUTH WESTSHORE LLC

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:

SHARAFEDDIN, FATIMA Y

Name of Person

FATIMA Y. SHARAFEDDIN TRUST

Firm/Company

2302 N. Highland Avenue

Address

Tampa, FL 33602

City/State and Zip Code

azam@pei-fl.com

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

For further information concerning this matter, please call:

Ali Alchikh

813 3821414
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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

6719 SOUTH WESTSHORE 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 10/24/2005 and assigned
Florida document number L05000104602.

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)

2302 N. Highland Avenue

Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2302 N. Highland Avenue

Tampa, FL 33602

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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:

Fatima Y. Sharafeddin

New Registered Office Address:

2302 N. Highland Avenue

Enter Florida street address

Tampa

City

Florida 33602

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>	<u>Address</u>	<u>Type of Action</u>
Member	Ali Alchikh	2917 W. Bay View Drive	<input type="checkbox"/> Add
		Tampa, FL 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

Dated _____, _____.

فان ملے گروہ الہی

Signature of a member or authorized representative of a member

Fatima V. Sharafeddin Trush

Typed or printed name of signee