

LOG 000085788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

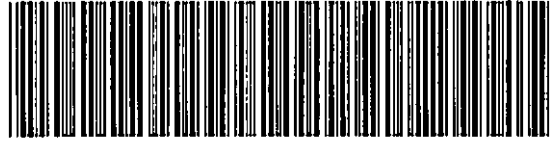
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02/01/21--01033--026 **43.75

FILED

2021 MAY - 1 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Amend

AUG 01 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2021

SHAHRAD MABOURAKH
6451 W. COMMERICAL BOULEVARD
TAMARAC, FL 33319

SUBJECT: SR. DALE, LIMITED LIABILITY COMPANY
Ref. Number: L06000085788

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE COMPLETE THE ARTICLES OF AMENDMENT FOR CLARIFICATION OF CHANGES TO BE MADE AND RESUBMIT.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 821A00007900



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2021

SHAHRAD MABOURAKH
6451 W COMMERCIAL BOULEVARD
TAMARAC, FL 33319

SUBJECT: SR. DALE, LIMITED LIABILITY COMPANY
Ref. Number: L06000085788

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 121A00005635

Rec 3/18/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SR Dale, Limited Liability Company

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:

Ruth Mabourakh

Name of Person

Sr Dale, Limited Liability Company

Firm/Company

6451 West Commercial Boulevard

Address

Tamarac, Florida 33319

City/State and Zip Code

Mabourakh@gmail.com

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

For further information concerning this matter, please call:

Ruth Mabourakh

954
at ()

720-1414

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**

FILED
2021 MAY -1 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SR. Dale, Limited Liability Company

(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 8/30/1996 and assigned
Florida document number L06000085788

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:

6451 West Commercial Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Tamarac, Florida 33319

Enter new mailing address, if applicable:

6451 West Commercial Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Tamarac, Florida 33319

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:

New Registered Office Address:

6451 West Commercial Boulevard

Enter Florida street address

Tamarac

City

Florida 33319

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

Ruth Mabouk
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00