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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

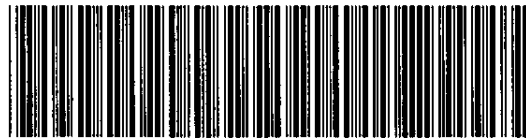
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2013

ABDALLAH F HIJAZ  
10 W HICKPOCHEE AVE  
LABELLE, FL 33935

SUBJECT: LABELLE DEPARTMENT STORE, LLC  
Ref. Number: L06000116215

We have received your document for LABELLE DEPARTMENT STORE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

The registered agent must sign accepting the designation.

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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 613A00029245

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Labelle Department Store 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:

**Abdallah F Hijaz**

Name of Person

**Labelle Department Store LLC**

Firm/Company

**10 W Hickpochee AVE**

Address

**LABELLE ,FL 33935**

City/State and Zip Code

**abdallahlb@aol.com**

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

For further information concerning this matter, please call:

**Abdallah F Hijaz**

Name of Person

**863 517-1748**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

Labelle Department Store 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 12/05/2006 and assigned  
Florida document number 106000116215

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 end with 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)**

10 W HICKPOCHEE AVE

LABELLE FL 33935

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

p.o. box 1195

labelle FL 33975

**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:

abdallah f hijaz

New Registered Office Address:

~~p.o. box 1195~~

10 Hickpochee ave.

Enter Florida street address

labelle

Florida 33975

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE OWNER NAME IN LLC WAS MISS SPELLING SHOULD BE (ABDALLAH FATHI HIJAZ)

Dated 12-13-13



Signature of a member or authorized representative of a member

Abdallah Fathi Hijaz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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