

LD7000120436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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**L. SELLERS**

SEP. - 2 2009

**EXAMINER**

Office Use Only



000158547630

08/06/09--01020--001 \*\*35.00

SEP 08 2009

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SEP 08 2009

**FILED**

**09 AUG 31 AM 9:01**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HALAAL 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:

NABIL KISHK  
Name of Person  
HALAAL LLC  
Firm/Company  
P.O. Box: 6467  
Address  
Lake Worth, FL 33461  
City/State and Zip Code  
NABILKISHK@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nabil Kishk at 954-554-8525  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2009

NABIL KISHK  
P.O. BOX 6467  
LAKE WORTH, FL 33466

SUBJECT: HALAAL, LLC  
Ref. Number: L07000120436

We have received your document for HALAAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a 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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 909A00027351

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HALAAL 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 07/30/09 and assigned  
Florida document number 207000120436

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)

NABIL KISHK  
4789 GULFSTREAM RD  
LAKE WORTH, FL 33461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 6467  
LAKE WORTH, FL 33466

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:

NABIL KISHK

4789 GULFSTREAM RD

Enter Florida street address

LAKE WORTH

Florida

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

FILED  
09 AUG 31 AM 9:51  
TALLAHASSEE FL 32304  
SECRETARY OF STATE

If amending the Managers or Managing Members of 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

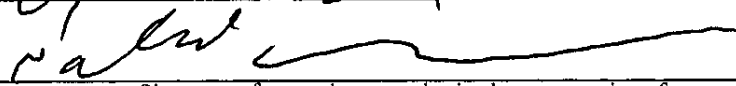
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NABIL KISHK	P.O. Box 6467 Lake Worth, FL 33466	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

08/24, 2009



Signature of a member or authorized representative of a member

NABIL KISHK

Typed or printed name of signee

FILED  
09 AUG 31 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA