

LG8000099262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

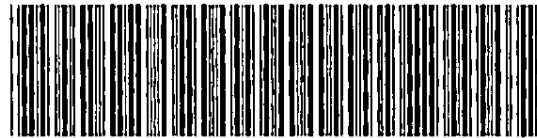
(Business Entity Name)

(Document Number)

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FALL RIVER, MASS.  
MAR 14 2014

2014 MAR 14 P 12:43

FILED

MAR 25 2013

T. LEMIEUX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cedars of Lebanon Hotels, 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:

Michael N. Gomes, Atty

\_\_\_\_\_  
Name of Person

Michael N. Gomes, Attorney, P.A.

\_\_\_\_\_  
Firm/Company

303 East Woolbright Road, #269

\_\_\_\_\_  
Address

Boynton Beach, FL 33434

\_\_\_\_\_  
City/State and Zip Code

mng@gomeslawfl.com

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

For further information concerning this matter, please call:

Michael N. Gomes

954

942-0910

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

FILED

Cedars of Lebanon Hotels, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 MAR 11 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 22, 2008 and assigned  
Florida document number L08000099262.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

*Enter Florida street address*

*City*, Florida *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>                      |
|--------------|---------------|-------------------------|--|
| MGRM         | Naji Ghalloub | 20 Westward Drive       | <input type="checkbox"/> Add               |
|              |               | Miami Springs, FL 33166 | <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"/> Remove            |
|              |               |                         | <input type="checkbox"/> Change            |

## None.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated February 22 2019

*Northrup*  
Signature of a member or authorized representative of a member

Nazih Khoury

Typed or printed name of signee