

209000 10085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500181027515

05/19/10--01015--002 \*\*25.00

FILED

10 MAY 19 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
MAY 20 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EL BASTA ENTERPRISE INT., 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:

Mohamed Atef EL Bastawissi  
Name of Person

EL Basta Enterprise INT., LLC  
Firm/Company

4569-73 North Pine Island Rd.  
Address

Sunrise FL 33351  
City/State and Zip Code

ELBASTA@SATORI-BUSINESS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mohamed ATEF EL Bastawissi 561 502-7197  
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**

El-Basta Enterprise Int., 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 10/15/09 and assigned  
Florida document number L09000100085

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

4569-73 North pine Island  
Rd.  
Sunrise FL. 33351

**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:

Mohamed ATEF EL Bastawaisy

New Registered Office Address:

4569-73 North pine Island Rd.  
*Enter Florida street address*

Sunrise, Florida 33351  
*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>  |
|--------------|----------------|--|--|
| MGRM         | Mohamed Atef   | EL Bastaweisy<br>4569-73 N. Pine Island Rd.<br>Sunrise FL 33351 US | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Zafer Sharifeh | 4525 N. Pine Island Rd.<br>Sunrise FL 33351                        | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

FILED  
MAY 19 PM 02  
CLERK OF DISTRICT COURT  
JANUARY 19 2010  
STATE OF FLORIDA

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

Dated MAY 17th 2010

Signature of a member or authorized representative of a member

MOHAMED ATEF EL BASTAWEISY

Typed or printed name of signee