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HILLU 11 MAR 28 PM 2: 53 SECRETARY OF STATE

J. BRYAN

MAR 2 9 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	HALAL Name of Limi	Tayyib LLC ited Liability Company	
	Name of Lim	ned Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
***	••		. ••
	Rober	TyleR Name of Person	- FE T
	Halal	Tayyib LLC Firm/Company	FILED MAR 28 PH 2 ECRETARSEE. F
	4044 5	Address Street	FILED MAR 28 PH 2: 53 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE ALL AHASSEE, FLORID
	_ Gainesville	FL 32668 City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notifica	ation)
For further information	concerning this matter, please c	all:	
Robert	of Person	at (<u>35) 318 ~ 15</u> Area Code & Daytime 1	GG Correlephone Number
Enclosed is a check for			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporati Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF OR	RGANIZATION	. , , , , , , , , , , , , , , , , , , ,
OF		語言で
(Name of the Limited Liability Company (A Florida Limited Lia	As it now appears on our records.) ability Company)	TALLED SEE. FLO
The Articles of Organization for this Limited Liability Company w	vere filed on 1/15/10	and assigned
Florida document number <u>L 1000005356</u> .		J.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	7257 NW 4 PMB # 7860 GAINESVILLE, FL	N BLVD
(Mailing address MAY BE A POST OFFICE BOX)	PINE # 180	32607
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
		ur ess
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		·
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	te performanse of my duties, and I ovided for in Chapter 608, F.S. Or	am familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title .	<u>Name</u>	Address	Type of Action
MGRM_	Adam Gulaid	817 Lapoma Way Jacksonville FL 132259 US	Add Remove
M <u>GRM</u>	AADARSH SAJID	1028 NW 91st Terrace Gainesville, FL 32606	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
		LLAHASSE	FIL II HAR 28
Dated 3		or authorized representative of a member	a 3 m
_	ROBERT LYLER Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00