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(City/State/Zip/Phone #)

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(Business Entity Name)

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2019 JAN 22 P 31

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JAN 28 11
T. L. FURUK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shehadeh 4 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:

Jennifer Briggs

Name of Person

Sentinel CFO Sources LLC

Firm/Company

PO Box 555

Address

Odessa/FL/33556

City/State and Zip Code

mcintosh_bp@yahoo.com

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

For further information concerning this matter, please call:

Ahmad Shehadeh

941 416-4170

at ()
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Shehadeh 4 LLC

(Name of the Limited Liability Company as it now appears on our records.) 31
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/11/2010 and assigned
Florida document number L10000062697.

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: _____

Ahmad Shehadeh

New Registered Office Address: _____

2108 Ponce de Leon Blvd.

Enter Florida street address

North Fort
City

Florida

34291
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>
MGR	KHALID SHEHADEH	3154 MONTELCAIR CR	<input type="checkbox"/> Add
		NORTHPORT, FL 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	QUINCY SHEHADEH	PO BOX 667	<input type="checkbox"/> Add
		LAUREL, FL 34272	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAAID SHEHADEH	2108 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		NORTH PORT, FL 34291	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

1/16/2019

(Signature of a member or authorized representative of a member)

AHMAD SHEHADEH

Typed or printed name of signee