

L12000013326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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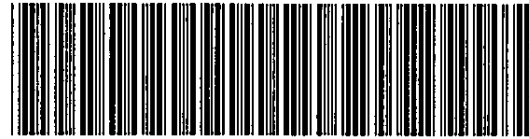
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY -7 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6212
MAY 15 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

KHALED SAMARA
2206 N CONGRESS AV
BOYNTON BEACH, FL 33426

SUBJECT: SAMARA BROTHERS LLC
Ref. Number: L12000013326

We have received your document for SAMARA BROTHERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00009725

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMARA Brothers, LLC Document # L/2000013326
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:

Khaled SAMARA
Name of Person

Samara Brothers, LLC
Firm/Company

2206 N. Congress Av.
Address

Boynton Beach, FL 33426
City/State and Zip Code

Samarasupermarket@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerrold Dreskin at (561) 846-1262
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

TO
ARTICLES OF ORGANIZATION
OF

Samara Brothers, LLC

(Name of the Limited Liability Company, as it now appears)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/27/12 and assigned
Florida document number 07272012 L12000018326

This amendment is submitted to amend the following:

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

NOT Applicable.

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)

2206 N. Congress Ave
Boynton Beach, FL 33426

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:

Yamen AbdelFattah

New Registered Office Address:

4115 S. State Rd. 7 V

Enter Florida street address

Lakewood

City

Florida

334167
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.

X
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member 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>
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MGR	Khaled Samara	106 Kensington Way Royal Palm Beach FL, 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	YAMEN Abdelfattah	4115 S. State Rd. 7 V Lakewood, FL. 33467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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14 MAY - 7 PM 4:17
SEC. STATE
ALLAHABAD, FLORIDA

☐ Add

☐ Remove

☐ Add

☐ Remove

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 30th, 2014

X [Signature]

Signature of a member or authorized representative of a member

Khalel Samara

Typed or printed name of signer



Page 3 of 3

Filing Fee: \$25.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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