

L120000/3326

(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:

5/30/14

Called & left  
message RA must  
sign.

Office Use Only



300256915663

Amendment +  
L12-13326

FILED  
14 JUN 24 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 24 2014

N. CAUSSEAU

5/29/2014

CheckImage.aspx (670x484)

SAMARA BROTHERS LLC  
3206 N. CONGRESS AVE.  
BOYNTON BEACH, FL 33438  
(561) 759-9833

224  
03-418051

5.15 2014

PAY TO THE  
ORDER OF

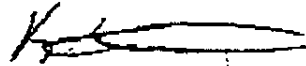
Florida Dept. of state

\$ 25.00

Twenty Five  
REGIONS BANK

DOLLARS A CENT

FOR Amend Article s of Corp.



⑈000224⑈ ⑆063104668⑆ 0670146726⑈

015-4500453-1009068796  
DEPOSIT ONLY 25.00  
05/21/14--01019--007

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAMARA BROTHER'S, "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:

KHALED SAMARA  
Name of Person  
SAMARA BROTHER'S, "LLC"  
Firm/Company  
2206 N. Congress Av.  
Address  
Baynton Beach FL 33426  
City/State and Zip Code  
Greentrade.fl@hushmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Khaled Samara at (861) 722-3633  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2014

KHALED SAMARA  
SAMARA BROTHERS LLC  
2206 NORTH CONGRESS AVENUE  
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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The new registered agent MUST SIGN, SEE RED X.

If you agree with the corrections needed and would like this office to proceed with your filing, please notify this office in writing or by fax at 850-245-6030 to the attention of the undersigned.

Please return 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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 814A00011787

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Samara Brothers 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 01/27/2014 and assigned  
Florida document number L12000013326

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office 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)

FILED  
14 JUN 24 AM 8:30  
TALLAHASSEE, FLORIDA

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:

Kahled M. Samara

New Registered Office Address:

106 Kensington Way

Enter Florida street address

Royal Palm Bch

City

Florida

33414

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 [Signature]  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
MGRM	Khaled Samara		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MBRM	Yamen Abdel Fattah	4115 S State Rd 7	<input type="checkbox"/> Add
		Lake Worth FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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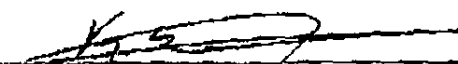
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(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 5. 29. 14

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Khaled Samara  
\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA