112000056520

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETATIVE DIAGRATION

LLC

FEB 21 2022 D COMMELL



January 25, 2022

RAED YOUSEF 18313 LEAFMORE ST LUTZ, FL 33548

SUBJECT: SAED INVESTMENTS, LLC

Ref. Number: L12000056520

We have received your document for SAED INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6053.

Letter Number: 822A00001913

Yvette Scott Supervisor

www.sunbiz.org

COVER LETTER

TO:

	egistration Se ivision of Cor				
SUBJECT		ESTEMENT LLC			
SUBJECT	•	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		RAED YOUSEF			
			Name of Person		
RAED YOUSEF					
	Firm/Company				
18313 LEAFMORE ST					
Address					
		LUTZ FL 33548			
			City/State and Zip Code	Daytime Telephone Number \$ 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		BTAX12830@GMAIL.CO			
For further	information c	E-mail address: (oncerning this matter, please co	to be used for future annual report not all:	tification)	
RAED YO	USEF		941 524-2549		
<u> </u>	Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is	s a check for th	ne following amount:			
\$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
Mailing Address: Registration Section		Street Address: Registration Se	ection		
	ivision of C				
P	.O. Box 632	7	The Centre of	Tallahassee	
T	allahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L12000056520
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
FALAH LUTZ LLC
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)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TECA TE
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 office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida, 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 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>	Address	Type of Action
			□Remove
		·	□ Change
			
			□Remove
			□Change
			□Add
		<u></u>	Петоче
			Change
			CIAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			DChara.

li am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
•	
Note	effective date, if other than the date of filing: (optional) 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he rece	ord 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 filed.
Date	d = 02 - 13, 2622 .
	
	Signature of a member or authorized representative of a member
	RAFD YOUS EL

Filing Fee: \$25.00