

L1200008760

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(Address)

(Address)

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JULIA HARRIS

FEB 22 2013
A. LUNT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAKHOUL SANTOS "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:

Malgorzata cygan

Name of Person

Firm/Company

844 NW 10 terrace

Address

Fort Lauderdale FL 33311

City/State and Zip Code

z14ufin@gmail.com

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

For further information concerning this matter, please call:

Malgorzata cygan

Name of Person

917 2157684

at ()

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

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TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAKHOUL SANTOS "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 07/23/2012 and assigned
Florida document number L12000087160

This amendment is submitted to amend the following:

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

Hassan & Cygan "LLC"

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)

844 NW 10 Terrace

Fort Lauderdale 33311

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:

Malgorzata cygan

New Registered Office Address:

844 NW 10 Terrace

Enter Florida street address

Fort Lauderdale

Florida 33311

City

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 608, 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.

Malgorzata Cygan

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ashraf Shaltout	844 NW 10 Terrace	<input type="checkbox"/> Add
		Fort Lauderdale, FL	<input checked="" type="checkbox"/> Remove
		33311 Unit 2	
MGRM	Malgorzata cygan	844 NW 10 Terrace	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33311 Unit 2	
			<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 attending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 02/13, 2013

Signature of a member or authorized representative of a member
Malgorzata cygan Malgorzata Cygan
Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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