

L1200001150K3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

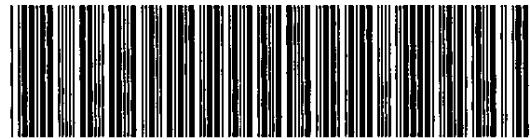
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RECORDS & CLERK
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **awadallah bros 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:

Wleid M. Swalleh

Name of Person

Firm/Company

12560 Lakerun Dr.

Address

Fort Myers, Florida 33913

City/State and Zip Code

wswalleh@yahoo.com

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

For further information concerning this matter, please call:

Wleid M. Swalleh

Name of Person

813 476 9734

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

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

Awaddallah Bros 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 08/08/2012 and assigned
Florida document number L12000115013

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 offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2562 Colonial Drive
Fort Myers, Florida 33907

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2562 Colonial Drive
Fort Myers, Florida 33907

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:

<u>Name of New Registered Agent:</u>	<u>Wleid M. Swalleh</u>
<u>New Registered Office Address:</u>	<u>2562 Colonial Drive</u> <div style="text-align: center;"><small>Enter Florida street address</small></div> <u>Fort Myers, _____, Florida 33907</u> <div style="display: flex; justify-content: space-between;"><small>City</small><small>Zip Code</small></div>

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.

Wleid M. Swalleh
If Changing Registered Agent, Signature of New Registered Agent

FILED
12000115013
AUG 10 2012
PM 2:29
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

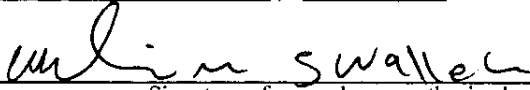
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR.= Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgrm	Wleid M. Swalleh	2562 Colonial Drive	<input checked="" type="checkbox"/> Add
		Fort Myers, Florida 33907	<input type="checkbox"/> Remove
Mgrm	Issa Mohammad Abualhaija	2562 Colonial Drive	<input checked="" type="checkbox"/> Add
		ort Myers, Florida 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____, _____.



Signature of a member or authorized representative of a member

Wleid M. Swalleh

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00