# L12000116273

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SEGRETARY OF STATE SIVISION OF CORPORATIONS

C. LEWIS NOV 1 6 2012 EXAMINER

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## TOOTIE DISCOUNT PALACE LLC

SUBJECT: 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:

### MADELINE ABREU

Name of Person

## KATTOURA & ASSOCIATES

Firm/Company

#### 1287 E NEWPORT CENTER DR 201

Address

## DEERFIELD BEACH, FL 33442

City/State and Zip Code

#### kattoura.accouting@gmail.com

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

For further information concerning this matter, please call:

## MADELINE ABREU

\_,954**,427-804**0

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 NOV 15 PH 12: 50

		PALACE LLC	
( <u>Name of the Limited</u>	Liability Comp Florida Limited	any as it now appears on our rec Liability Company)	ord <u>s.</u> )
The Articles of Organization for this Limited L	iability Compan	y were filed on <u>09/11/2012</u>	and assigned
Florida document number L12000116273	<u> </u>		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
N/A			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lin	nited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered o			s, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:		B	
		Enter Florida	street adaress
			lorida
		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.

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 **Type of Action Address Title Name ILAN OHANA** 4398 NW 31ST AVE MGR FORT LAUDERDALE Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	DIVISION OF CORPOS IAIL
	NOV 15 PH 12: 50
	·
Dated NOVEMBER 05, 2012	
Signature of a member or authorized representative of a member	
SALMAN YASSER (MGR)	
Typed or printed name of signee	

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