- Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000408008 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SIMPLY ROYALTY ACCOUNTING & TAX SERVICES

Account Number : 120240000096 : (305)742-2298 Fax Number : (305)742-2299

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email:	Address:			
CM411	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALCAR INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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## **COVER LETTER**

H 240004080083

	istration Sec ision of Cort				
SUBJECT:	SALCAR	INTERNATIONAL, LLC			
SUBJECT,		Name of Limi	ted Liability Company	<del></del>	
The enclosed	Articles of /	Amendment and fee(s) are sub-	nitted for filing.		
Please return	ац соптевро	ndence concerning this matter	to the following:		
		ROGER E SAKKAL			
		·	Name of Person		
		SALCAR INTERNATION	AL, LLC		
			Firm/Company	<del></del>	
		6371 NW 102 AVE UNIT	104		
			Address	<del></del>	
DORAL FL 33178					
			City/State and Zip Code		
		gruposalcar@gmail.com		····	
		E-mont address: (	to be used for future annual report not	ification)	
For further in	nformation o	oncerning this matter, please or	all:		
ROGER ES	SAKKAL		786 797 4143		
	Name of	Person	Area Code Duytin	nc Telephone Number	
Enclosed is a	check for th	e following amount:			
<b>■ \$</b> 25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Capy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address:		
	gistration S vision of C	Section orporations	Registration Section Division of Corporations		
P.C	D. Box 632	7	The Centre of	Tallahassee	
Tal	llahassee, I	FL 32314	2415 N. Monro Tallahassee, Fl	pe Street, Suite 810 L 32303	

H240004080083 ··

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALCAR INTERNATIONAL, LLC			
(Name of the Limited L (A F	londa Limited	ny as it now annears on our records.) Liability Compuny)	
The Articles of Organization for this Limited Liabil	lity Company	were filed on 03/01/2013	and assigned
lorida document number L13000032009	·		
his amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liab	oility company here:	
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable	e:	6371 NW 102 AVE UNIT 104	
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	DORAL FL 33178	
		DORAL PL 33176	
Turning was the address of annihilation			
Enter new mailing address, if applicable: <i>Mailing address MAXBE A POST OFFICE BO</i>	<b>x</b> 0	6371 NW 102 AVE UNIT 104	
(Mailing address MAI BE A POST OFFICE BOA)		DORAL FL 33178	-
			<u> </u>
3. If amending the registered agent and/or regis		address on our records, enter the	name of the new regi
gent and/or the new registered office address h	<u>ere</u> ;		20
Name of New Registered Agent:			
New Registered Office Address:	371 NW 102	AVE UNIT 104	
		Enter Florida street address	
1	OORAL	, Florid	la 33178
		City	Zip Code

New Registered Agent's Signature, If chapging 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.

1 Changing Registered Agent, Signature of New Registered Agent

# If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H24000 40 8008 3

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR/M	HABIB S RABBATH PALMA	6371 NW 102 AVE UNIT 104	
		DORAL FL 33178	□ Remove
			@ Change
MOR	ROGER E SAKKAL	6371 NW 102 AVE UNIT 104	
		DORAL FL 33178	□ Remove
			■ Change
			DAdd
			CRemove
			☐ Change
<del></del>			□Add
			□Remove
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			DAdd
			□Remove
			Change

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	<del></del>	
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	<u> </u>	
iote: If the d	NOVEMBER 12, 2024  ate is listed, the date must be specific and cannot be prior to date of filing or more date inserted in this block does not meet the applicable statutory filing reffective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.020 equirements, this date will not be listed a
record specif I is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after the
ated NOVE	EMBER 12 2024	
		/
	Signature of a member or authorized topicscritative of	a member

Filing Fee: \$25.00