L14000017777

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

Division of C				
ORANG	E WHOLESALE LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sub			
Please return all corres	spondence concerning this matter	to the following:		
	TAHER SHRITEH			
		Name of Person		
•		Firm/Company		
·	2231 TAMIAMI TR UNIT	7#4		
		Address		
	PORT CHARLOTTE, FL	33948	; !	23 CC
		City/State and Zip Code	· ·	•
	TSHRITEH@GMAIL.COM E-mail address: (A to be used for future annual report noti	•	2 '
For further information concerning this matter, please call:				51 D S
TAHER SHRITEH		941 204 0404		C 3
Nam	e of Person	at ()Area Code Daytim	e Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	`Status & oy
MA	ILING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORANGE WHOLESALE LLC		
(Name of the Lim	ited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
ne Articles of Organization for this Limited I		and assigned
orida document number L14000017777	 ,	
is amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name of	of the limited liability company here:	
e new name must be distinguishable and contain the	words "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREA	ET ADDRESS)	
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE</u>		
		()2 (.)
. If amending the registered agent and egistered agent and/or the new registered of		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	2231 TAMIAMI TR UNIT # 4	<u> </u>
	Enter Florida stre	et address (🔾
	PORT CHARLOTTE	, Florida ³³⁹⁴⁸
	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 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HAITHAM SHRITEH	2231 TAMIAMI TR UNIT 4. POR'	■ Add
			Remove
			Change
			☐ Add
			□ Remove
			Change
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		:	Add 14
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ective date, if other than the effective date is listed, the date man	ist be specific and cannot	be prior to date o	f filing or more that	option (option 190 days after fil	ling.) Pursu	ant to 605.0
e: If the date inserted in this bument's effective date on the I	lock does not meet the Department of State's r	applicable state ecords.	utory filing requi	rements, this d	ate will n	ot be listed
					`.	- 3
record specifies a delaye he 90th day after the re		out not an e	fective time,	at 12:01 a.r	n. on th	یّ ne earlier
•						
Oct 17 ed	<u>2017</u>	·				
	Tolling	Shvite				

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