

L140000329998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

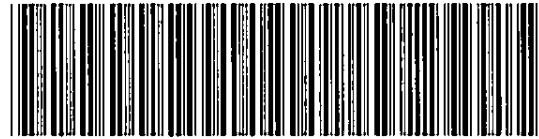
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2023 MAY 15 PM 4:12

05/16/23 01005-001 **25.00

2023 MAY 15 PM 4:06
OFFICE OF THE
CLERK OF THE
SUPERIOR COURT
OF THE STATE OF
NEW YORK
JULIA A. LORIDA

A. BUTLER

MAY 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suzan LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ala Mousa

Name of Person

Suzan LLC

Firm/Company

4910 N Monroe street

Address

Tallahassee, FL 32303

City/State and Zip Code

modarwish1968@hotmail.com

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

For further information concerning this matter, please call:

Samer Darwish

850

274 3399

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 MAY 15 PM 4:15

SUZAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 04/30/2023 and assigned
document number L14000032998.

amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

or new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

or new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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:

Samer Darwish

New Registered Office Address:

4910 N Monroe street

Enter Florida street address

Tallahassee

City

Florida 32303

Zip Code

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
understand 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>	<u>Address</u>	<u>Type of Action</u>
Presdant	Samer Darwish	4910 N Monroe St	<input checked="" type="checkbox"/> Add
		Tallahassee FL 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Presdant	Ala Mousa	4910 N Monroe St	<input type="checkbox"/> Add
		Tallahassee FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 05/15/2023 _____.

alq moucq
Typed or printed name of signee

Filing Fee: \$25.00