L14000069120

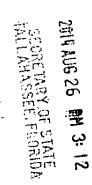
(Requestor's Name)
(Address)
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(Document Number)
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AUG 27 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2014

HISHAM ABUARAM 7626 N 56TH ST TAMPA, FL 33617

SUBJECT: RELANA LLC Ref. Number: L14000069120

We have received your document for RELANA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 914A00016292

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELANA 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:

HISHAM ABUARAM

Name of Person

RELANA LLC

Firm/Company

7626 N. 56TH STREET

Address

TAMPA, FL 33617

City/State and Zip Code

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

For further information concerning this matter, please call:

LOUAY BAYYAT

.,813<u>,</u>843-4146

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

RELANA LLC							
(Name of the Limited (A	Liability Comp Florida Limited	nany as it now appear Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liab Florida document number <u>L14000069120</u>	oility Compan	y were filed on <u>0</u> 4	1-29-2014		and	assigne	:d
This amendment is submitted to amend the follow	ing:						
A. If amending name, <u>enter the new name of tl</u>	ne limited lia	bility company ho	ere:				
N/A							
The new name must be distinguishable and end with the wo	rds "Limited Lie	ability Company," the	designation "LLC"	or the	ibbreviatio	n "L.L.C	.,,,
Enter new principal offices address, if applicab	le:	N/A		٠,	ज <u>्</u> य	23	
(Principal office address MUST BE A STREET.	ADDRESS)			*		4	"""```````````````````````````````````
				į.	£5.	- 10 C	mark to the
					15.5 1.5.5 1	92	jenera Jenera
Enter new mailing address, if applicable:		N/A			man.	聖	***
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				EOS STS	ယ္	N. James
						12	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records,	<u>enter</u>	the nan	ne of t	he new
Name of New Registered Agent:	N/A						
New Registered Office Address:	N/A						
		Enter Flor	rida street address				
			, Flori	ida			
		City		-	Zip Co	de	

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

<u> </u>	<u>Name</u>	Address	Type of Action
VP_	MAJED ABUSHARAR	8413 LUCUYA WAY	Add
		TEMPLE TERRACE, FL 336	37 ■ Remove
			□ Add
			□ Remove
		.*	INC. MARIE SECONDARY SECON
			Add Reffieve
			FST 3
			Add
			Remove
			Add
			□ Remove
			
			□ Add
			Remove

amending any other information, enter change(s) here: (Attach additional shee	ts, if necessary	·.)	
N/A			
-			
			
Tective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the	(optional)		
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	an 90 days after		
ted			
Signature of a member or authorized representative of a mem			
	ber		-
HISHAM ABUARAM	<u> </u>	SEC	ş
Typed or printed name of signee	;	ECR A	
	₽		
	•	17ARY 17ARY	2
		名誉 <u>—</u>	-

Page 3 of 3

Filing Fee: \$25.00