

W4000115789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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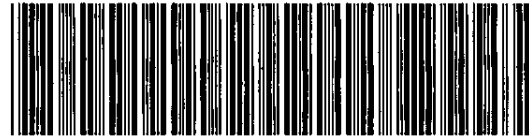
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 30 2014

J. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALCATHI FAMILY LIMITED LIABILITY Company  
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:

Sal Sinawi  
Name of Person

AlCathi Family Limited Liability Company  
Firm/Company

438 Rardin Ave  
Address

Pinhook FL 33476  
City/State and Zip Code

Sinawi65@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sal Sinawi at (954) 505 9429  
Name of Person Area Code Daytime Telephone Number

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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**

ALCATHI FAMILY LIMITED LIABILITY COMPANY  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7.23.14 and assigned Florida document number L14000115789.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ALCATHI FAMILY LIMITED LIABILITY COMPANY

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Sinawi SaL  
645 IVES Dairy Rd  
Miami FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. 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:

Sinawi, SaL

New Registered Office Address:

438 Rardin Ave

Enter Florida street address

Pahokee

City

Florida

33476

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.*

SaL Sinawi  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE FL 32304

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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sinawi Sal	438 Rardin Ave Pahokee FL 33476	<input checked="" type="checkbox"/> Add
	Bomaye, Gloria C		<input checked="" type="checkbox"/> Remove
AP	Bomaye, Gloria C		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10.24., 2014.

Sal Sinawi

Signature of a member or authorized representative of a member

Sal Sinawi

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA