

L15000007417

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H17000140270 3)))



H170001402703ABOW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BATAINEH, PALMERI, LLP
Account Number : I20100000063
Phone : (904)683-2561
Fax Number : (904)683-2635

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

Email Address: mbataineh@batainehlaw.com

FILED
2017 MAY 23 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MUSLIM SHERPA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2017 MAY 23 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 24 2017
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

H17000140270 3

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: MUSLIM SHERPA 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:

MOHAMMAD R. BATAINEH

Name of Person

BATAINEH PALMERI, LLP

Firm/Company

1200 RIVERPLACE BLVD, SUITE 705

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

MBATAINEH@BATAINEHLAW.COM

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

For further information concerning this matter, please call:

MOHAMMAD BATAINEH

904 683-2590
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/COURIER ADDRESS:**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H17000140270 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H17000140270 3

MUSLIM SHERPA LLC

(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 01/13/2015 and assigned
Florida document number L15000007417

This amendment is submitted to amend the following:

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

MYWASSIYAH.COM, LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2017 MAY 23 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

H17000140270 3

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

H17000140270 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017 MAY 23 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H17000140270 3


H17000140270 3

1

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 MAY 23, 2017

Y 23, 2017



Signature of a member or authorized representative of a member

MOHAMMAD BATAINEH

Typed or printed name of signee

FILED
2017 MAY 23 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA