## L15000034428

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

Registration Section

TO:

Divisio	n of Corp	orations			
	L BASH	A HOOKAH LOUNGE & CAI	FE LLC		
SUBJECT:	_	Name of Limi	ted Liability Company		
The enclosed Ar	ticles of A	Amendment and fee(s) are subt	nitted for filing.	•	
Please return all	correspor	ndence concerning this matter t	to the following:		
		EHAB R KHOZAM			
		:	Name of Person		-
		EL BASHA HOOKAH LO	OUNGE & CAFE LLC		
			Firm/Company		_
		10040 UNIVERSITY BLV	'D		
			Address		=
		ORLANDO, FL 32817			2818 I
		EHABK320@GMAIL.COM		,	OCT 24 F RETARY OF AMASSEE.
		E-mail address: (	to be used for future annual report notifi	cation)	E.F.
For further infor	rmation co	oncerning this matter, please ca	all:		27.2 17.2 17.2 17.2 17.2 17.2 17.2 17.2
GIL REGASPI			407 234-6893	:	DA P
	Name of	Person	Area Code Daytime	Telephone Numbe	r
Enclosed is a ch	eck for th	e following amount:			
□ \$25.00 Filin		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.  (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000034428.	were filed on 2/24/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·	nter the name of the n
	•	2818 SEC
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	OCT 21
	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered Agent	:	6 <b>.</b>

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> Name</u>		Address	Type of Action
MGR	NADIA B SIDHOM	10040 UNIVERSITY BLVD.	
		ORLANDO, FL 32817	
			Change
			🖸 Add
			☐ Remove
			□ Change
			🗖 Add
			Remove
			Change
			ALCREDA OCT Rempre
		·.	SSEE FLORIDA  STATE  Add  Add
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ffective date, if other than the an effective date is listed, the date mu	e date of filin	g:			(optio	nal)		
an effective date is listed, the date mi state. If the date inserted in this b	ist be specific and lock does not i	d cannot be prior to meet the applica	o date of filing of ble statutory fil	more man 90 day ling requirement	s after t	date will	rsuant to I not be	listed a
locument's effective date on the I								
e record specifies a delaye The 90th day after the re			an effective	e time, at 12	:01 a	.m. on	the ea	arlier o
Dated		, <u>12:01AM</u>	·					

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Typed or printed name of signee

Filing Fee: \$25.00