

L15000057337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

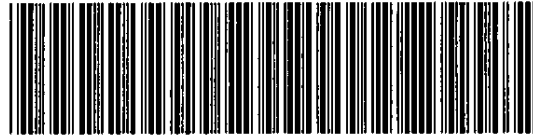
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

SEP 23 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2016

SHERIF REFAAT MOHAMED SEDDIK
449 W. AVE A
BELLE GLADE, FL 33430

SUBJECT: BELLE GLADE FISH MARKET LLC
Ref. Number: L15000057337

We have received your document for BELLE GLADE FISH MARKET LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 716A00019350

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELLE GLADE FISH MARKET 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:

SHERIF REFAAT MOHAMED SEDDIK

Name of Person

Firm/Company

449 W. AVE A

Address

BELLE GLADE, FL 33430

City/State and Zip Code

SHERIF.REFAAT@YAHOO.COM

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

For further information concerning this matter, please call:

OLGA L VALDES

561 281-6531
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

BELLE GLADE FISH MARKET 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 04/01/2015 and assigned Florida document number L15000057337.

This amendment is submitted to amend the following:

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

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)

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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:

SHERIF REFAAT MOHAMED SEDDIK

New Registered Office Address:

21000 PORTOFINO CIR APT 101

Enter Florida street address

PALM BEACH GARDENS

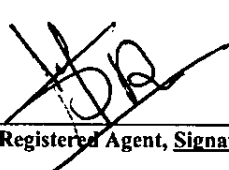
City

, Florida 33418

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

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> |
|--------------|------------------------------|-----------------------------|--|
| MGR | OLGA L VALDES | 1610 PRESIDENTIAL WAY 301 | <input type="checkbox"/> Add |
| | | WEST PALM BEACH, FL 33401 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | sherif refaat mohamed seddik | 21000 PORTOFINO CIR APT 101 | <input checked="" type="checkbox"/> Add |
| | | PALM BCH GARDENS FL 33418 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 1, 2016

Signature of a member or authorized representative of a member

OLGA L VALDES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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