

L180000 70138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

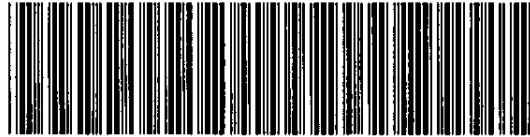
(Business Entity Name)

(Document Number)

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Nejame Law, P.A.
189 South Orange Avenue
Suite 1800
Orlando, FL 32801
407.245.1232

www.nejamelaw.com

April 29, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment

To the Division of Corporations:

Please see attached the Articles of Amendment to the Articles of Organization for AL BARAKA, LLC. Additionally, please find check #27166 for \$25.00 payable to the Division of Corporation representing the filing fees for the aforementioned case. If there are any questions/concerns, you may contact our office at 407-245-1232.

Respectfully,

Michele Diglio-Benkiran, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AL BARAKA, 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:

MICHELE DIGLIO-BENKIRAN, ESQUIRE

Name of Person

NEJAME LAW, P.A.

Firm/Company

189 SOUTH ORANGE AVENUE, SUITE 1800

Address

ORLANDO, FLORIDA 23801

City/State and Zip Code

MICHELE@NEJAMELAW.COM

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

For further information concerning this matter, please call:

MICHELE DIGLIO-BENKIRAN

407 245-1232
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

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

AL BARAKA, 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 04/21/2015 and assigned
Florida document number L15000070135.

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)

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

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	FARID HADDAD	4411 WEEPING WILLOW CIRCLE	<input type="checkbox"/> Add
		CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TAMIM MAIA	8822 WARWICK SHORE CROSSING	<input type="checkbox"/> Add
		ORLANDO, FL 32829	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

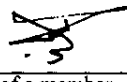
1 APR 30 PM 2:00
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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

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 _____, _____.

Tamim Maya 
Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
15 APR 30 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA