

L15000090663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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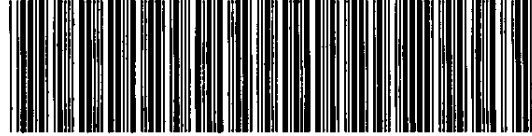
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 12 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONA FIDDLE 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:

HANAN H. Shalaby
Name of Person

12036 cypress links Dr
Firm/Company
Address

Fort Myers. FL 33913
City/State and Zip Code

hanan shalaby88@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANAN H. SHALABY at (239) 834-1510
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

SECRETARY OF
STATE
TALLAHASSEE, FL 32301

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

MONA FIDDLE 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 5-21-2015 and assigned
Florida document number L15000090663

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)

13750 FIDDLESTICKS BLVD

302

FT. MYERS, FL 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12036 CYPRESS LINKS DR.

FT. MYERS, FL 33913

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:

HANAN H. SHALABY

New Registered Office Address:

12036 CYPRESS LINKS DR.

Enter Florida street address

FT. MYERS

City

Florida

Zip Code

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Hanan H. Shalaby

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

1-1-2016

(optional)

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 4-4-, 2016

Hana

Signature of a member or authorized representative of a member

HANAN H. SHALABY

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2025 APR 11 PM 4:49

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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535