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COVER LETTER

TO:

	Registration Sec Division of Corp			
cup in c		MEH ENTERPRISE LLC		
SUBJEC	.1:	Name of Limi	ited Liability Company	
The encle	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		KEITH D. SKOREWICZ		
			Name of Person	
		APPLETON REISS, PLLO	-	
			Firm/Company	
		501 E. KENNEDY BLVD	., SUITE 802	
			Address	
		TAMPA, FL 33602		
			City/State and Zip Code	
		ks@appletonreiss.com	to be used for future annual report notifi	ingtion
For furth	er information co	oncerning this matter, please of		icanni)
KEITH I	D. SKOREWICZ	<u>.</u>	813 542-5030	
	Name of	Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25. 0	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 Addres Registration S		<u>Street Address:</u> Registration Sec	ction
	Division of C	orporations	Division of Corp	porations
	P.O. Box 632 Tallahassee, I		The Centre of Ta 2415 N. Monroe	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABUHALIMEH ENTERPRISE, 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 $\frac{01/24/2014}{1}$ Florida document number L15000090788 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." 5520 EAST GIDDENS AVE. Enter new principal offices address, if applicable: TAMPA, FL 33610 (Principal office address MUST BE A STREET ADDRESS) 5520 EAST GIDDENS AVE. Enter new mailing address, if applicable: **TAMPA, FL 33610** (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

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.

City

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>	Address	Type of Action
MGR	НИТНАЧБА АВИНАЦІМЕН	5520 EAST GIDDENS AVE.	
		TAMPA, FL 33610	□Remove
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Tective date, if other than the neffective date is listed, the date must stee: If the date inserted in this blocument's effective date on the December 1.	ock does not meet the ap	plicable statutory fili	option (option of the properties of the properti	nal) iling.) Pursuant to 605.020 date will not be listed as
	, , , , , , , , , , , , , , , , , , , ,	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	e date, but not an effecti [,]			•
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is filed.	2020	- Kiith	D. Skou	
ecord specifies a delayed effective is filed. ted April 23	2020			

Filing Fee: \$25.00