

415000113486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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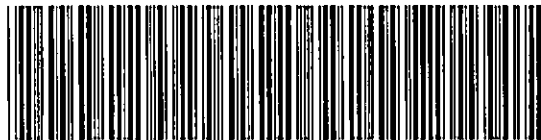
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 19 AM 11:32

N. COOPER

SEP 21 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASABLANCA SALONS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIM A. HAMED, CPA

\_\_\_\_\_  
Name of Person

TIM A. HAMED, CPA, P.A.

\_\_\_\_\_  
Firm/Company

15310 AMBERLY DRIVE, STE 250

\_\_\_\_\_  
Address

TAMPA, FL 33647

\_\_\_\_\_  
City/State and Zip Code

timhamed@yahoo.com

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

For further information concerning this matter, please call:

TIM A HAMED, CPA

813

514-2905

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**

CASABLANCA SALONS, 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 06/30/2015 and assigned  
Florida document number 115000113486.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

10937 N. 56th STREET

(Mailing address MAY BE A POST OFFICE BOX)

TEMPLE TERRACE, FL 33617

SECTION 18.001  
DIVISION OF REVENUE  
18 SEP 19 AM 11:32

**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:

ANAS S. ALRAGI

New Registered Office Address:

10937 N. 56th STREET

*Enter Florida street address*

TEMPLE TERRACE


Florida 33617

*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.*

X   
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>
AMBR	SALAHEDDINE MAJDOUB	5213 E. SENECA AVE.	<input type="checkbox"/> Add
		TAMPA, FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ANAS S. ALRAGI	10937 N. 56th STREET	<input checked="" type="checkbox"/> Add
		TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 19 AM 11:32

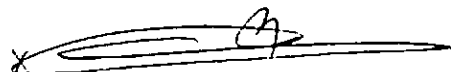
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 9/14 2018



Signature of a member or authorized representative of a member

SALAHEDDINE MAJDOUB, AMBR

Typed or printed name of signee