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THE SECRETARY OF STATE AND ANASSES. FLORIDA

S Warren DEC 23 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARHABA BRANDS 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:
SAEB JANNOUN Name of Person
MARHABA BRANDS LLC Firm/Company
5516 W. LINGBAUGH AVE
City/State and Zip Code SAGS W JANNOUN: (8M) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SAEB JANNOUN at (813) 240 4086 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing

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**

MARHABA 13. (Name of the Limited Liability Compar (A Florida Limited L	NANDS LLC ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\frac{\(\text{L}\)\) \(\text{L}\) \(\text{L}\)	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	<u> </u>
Enter new mailing address, if applicable:	SSET 2 M
(Mailing address MAY BE A POST OFFICE BOX)	7
	3L 3L
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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.

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

Title Name Address

AMBR AMEER ABU ABSEL SAL

	
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Filing Fee: \$25.00