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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

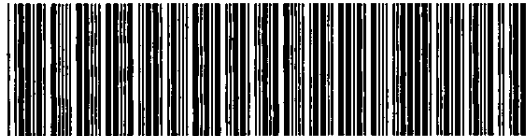
\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 03 2016  
J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2016

OLD NINEVEH LLC  
ARWA ALSULAIMAN  
2040 PALM BAY RD. NE, STE. 4  
PALM BAY, FL 32905

SUBJECT: OLD NINEVEH LLC  
Ref. Number: L15000153706

RECEIVED  
2016 APR 28 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for OLD NINEVEH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document is illegible. Please print clearly to ensure the information will be correct on our data base.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 916A00007774

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Old Nineveh 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:

Arwa Alsulaiman  
Name of Person  
Old Nineveh  
Firm/Company  
2040 Palm Bay Rd. NE Suit # 4  
Address  
Palm Bay FL 32905  
City/State and Zip Code  
am\_7787@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ahmed Meric  
Name of Person  
321 5253935  
at ( )  
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**

Old Nineveh LLC (restaurant & bakery)

(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 Palm Bay / FL and assigned  
Florida document number L 15000153706

This amendment is submitted to amend the following:

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

Old Nineveh LLC

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)**

2040 Palm Bay Rd NE

Suit # 4

Palm Bay FL, 32905

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Same

**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: Ahmed Meric

New Registered Office Address: 220 E University Blvd, Apt# 1701

*Enter Florida street address*

Melbourne FL, Florida 32901

*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.*

Ahmed Meric  
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	Ahmed Merie		<input type="checkbox"/> Add
		220 E University Blvd Apt 1701	<input checked="" type="checkbox"/> Remove
		Melbourne FL 32901	<input type="checkbox"/> Change
MGR	Arwa Alsulaiman	220 E University Blvd Apt 1701 M	<input checked="" type="checkbox"/> Add
			<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.)**

I would like to delete my name (Ahmed Merie) and put my wife name (Arwa Alsulaiman) as an "Authorized person

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: April/25/2016 (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 April/25/2016



Signature of a member or authorized representative of a member

Ahmed I. Merie

Typed or printed name of signee