

LF5000 157125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

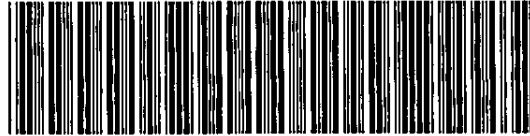
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 04 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALSALASEL ALFUDHEA, 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:

ALQANAS, MAHMUD

Name of Person

Firm/Company

3143 KLINE RD

Address

JACKSONVILLE, FL 32246

City/State and Zip Code

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

For further information concerning this matter, please call:

Fadi Kayyali

at (646) 434 6800

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

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Page 1 of 3

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	ALI ALGAWWAM	3143 KLINE RD	☐ Add
		JACKSONVILLE, FL 32246	☒ Remove
			☐ Change
MGR	RAHEEM ALGAWWAM	3143 KLINE RD	☒ Add
		JACKSONVILLE, FL 32246	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☒ Change
			☐ Add
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			☐ Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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 FILE
 Add
 Remove
 Change

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

The authorized representative's name entered was incorrect, Please change the authorized representative name from

Mr Ali Algawwam to Raheem Algawwam

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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 10/28/2015, FLORIDA



Signature of a member or authorized representative of a member

RAHEEM ALGAWWAM

Typed or printed name of signee