L16000333828

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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Office Use Only



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LLC Amena

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ALLAHASSEE, ELU

A. RAMSEY SEP 1 **9**2023

COVER LETTER

| TO: Registration Division of C | Section Corporations | | | | |
|-----------------------------------|--|---|---|--|--|
| CLIBANOW | OF TALLAHASSEE LLC | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corre | spondence concerning this matter | to the following: | | | |
| | ALMUTASEMBELLAH | | | | |
| | • | Name of Person | | | |
| | 3 GUYS OF TALLAHAS | SEE LLC | | | |
| | | Firm/Company | | | |
| | 2259 W TENNESSEE ST | | | | |
| | | Address | | | |
| | TALLAHASSEE, FL 3230 | 04 | | | |
| | | City/State and Zip Code | | | |
| | JJUBRAN@CHAMPIONA | | | | |
| For further information | n concerning this matter, please c | to be used for future annual rall: | eport notification) | | |
| JAY JUBRAN | | 850 508 at () | -8119 | | |
| Nam | e of Person | Area Code | Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & | | |
| Mailing Add | | Street Ad | | | |
| Registration of | n Section Corporations | | Registration Section Division of Corporations | | |
| Division of | • | | of Corporations | | |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2023 SEP 19 PM 12 47

3 GUYS OF TALLAHASSEE LLC

(Name of the Limited Liability Company as it now appears on our records) F. F. (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Compa | any were filed on 02-17-2016 | and assigned |
|---|--|--------------------------------|
| Florida document number 1.16000033828 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LI.C | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | 2 | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | ···· | |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ce address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | Y |
| | Flo | orida |
| | 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.

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> | Address | Type of Action |
|--------------|------------------------|------------------------|----------------|
| AMBR | SANA JUBRAN | 10545 VALENTINE ROAD S | = Add |
| | | TALLAHASSEE, FL 32317 | □Remove |
| | | | □Change |
| AMBR | MUHANNAD JUBRAN | 10545 VALENTINE ROAD S | ■Add |
| | | TALLAHASSEE, FL 32317 | □Remove |
| | | | □Change |
| AMBR | ALMUTASEMBELLAH JUBRAN | 3028 BIRDHURST CT | |
| | | TALLAHASSEE, FL 32317 | Remove |
| | | | |
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| Note: If the dat | if other than the date is listed, the date must be see inserted in this block exceptive date on the Depart | loes not meet the | : applicable statu | tiling or more than 9 story filing require | (optional) 0 days after filing.) P ments, this date wi | ursuant to 605.0207 (3) Il not be listed as the |
| he record specifie ord is filed. | es a delayed effective dat | e, but not an effe | ective time, at 12 | :01 a.m. on the ea | rlier of: (b) The 9 | Oth day after the |
| Dated SEPTEM | IBER 18 | 2023 | | | | |
| | Sign | Sture of a member | or authorized repa | resentative of a mem | ber | |
| A1 A. | / IUTASEMBELLAH JU | IRD A N | | | | |
| | | | or printed name o | f signee | - | |

Filing Fee: \$25.00