

LIL 0000 51595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

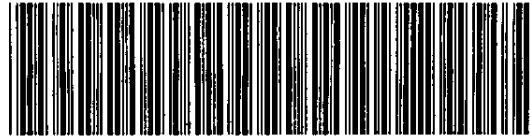
(Business Entity Name)

(Document Number)

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16 MAY 16 AM 10:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAY 17 2016  
J SHIVERS

629



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2016

MOHAMED ALI  
5917 WILEY ST  
HOLLYWOOD, FL 33023

SUBJECT: MOHAMED R ALI  
Ref. Number: L16000051595

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

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 016A00007565

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ONKMAN ENTERPRISE 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:

MOHAMED R ALI  
Name of Person

ONKMAN ENTERPRISE LLC  
Firm/Company

5917 WILEY ST HOLLYWOOD FL 33023  
Address

HOLLYWOOD FL 33023  
City/State and Zip Code

SERENASAUDIA@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMED R ALI at (954) 683-2335  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ONKMAH ENTERPRISE 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 03/14/2016 and assigned Florida document number L16000051595.

This amendment is submitted to amend the following:

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

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)

5917 WILEY STREET  
HOLLYWOOD FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

MOHAMED R ALI

New Registered Office Address:

5917 WILEY STREET

Enter Florida street address

HOLLYWOOD  
City

, Florida

33023  
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MOHAMED R ALI</u>	<u>5917 Wiley street</u>	<input checked="" type="checkbox"/> Add
		<u>Hollywood FL 33023</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 MAY 16 AMID:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY 16 AMID:37  
SECRETARY OF STATE  
STATE DEPT  
WASHINGTON DC 20520

(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)

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 20<sup>th</sup>, 2016

Mohamed R-Ah.

Signature of a member or authorized representative of a member

MOHAMED R ALI

Typed or printed name of signee