

**L16000224764**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : STONE AND GERKEN, P.A.  
Account Number : I20090000097  
Phone : (352)357-0330  
Fax Number : (352)357-2474

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bonaforgood@yahoo.com

FILED  
16 SEP -9 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CITY STAR FAMILY RESTAURANT LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

Sep. 9. 2016 3:25PM

No. 0465 P. 2

H16000224764

COVER LETTER

Registration Section  
Division of Corporations

ECT: City Star Family Restaurant, LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Nabil Nasralla  
Name of Person

Firm/Company

2628 Winchester Circle  
Address

Eustis, FL 32726  
City/State and Zip Code

bonoforgood@yahoo.com  
E-mail address (to be used for future annual report notification)

For information concerning this matter, please call:

Nabil Nasralla at (336) 831-7357  
Name of Person Area Code Daytime Telephone Number

is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> No Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE, FLORIDA

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No. 0465 P. 3

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

City Star Family Restaurant 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 3/21/2016 and assigned  
Florida document number L16000059740

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)

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 Nasrallah

New Registered Office Address:

Enter Florida street address

City

Florida

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.

Mohamed Nasrallah

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE

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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>
AMBR	Nabil Nassalle	1037 N. Broadway Ave	<input type="checkbox"/> Add
		Bartow, FL 33830	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mohamed Nassalleh	1037 N. Broadway Ave	<input checked="" type="checkbox"/> Add
		Bartow, FL 33830	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Said Hassan	1009 Williamsburg Rd	<input checked="" type="checkbox"/> Add
		Lancaster PA 17603	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mohamed Bekhit	6365 Bayberry Ave	<input checked="" type="checkbox"/> Add
		Menheim, PA 17545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 SEP 19 AM 9:00  
SECRETARY OF STATE  
TALBANA  
Add  
Remove  
Change  
Add

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H1600022<sup>No. 0465<sup>a</sup> P. 5</sup>T-TP4

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TALLAHASSEE, FLORIDA

**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.

Dated 9/9/2016

Nabil Nasrally  
Typed or printed name of signer