## 116000069014

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		•	9
erun re	BEKKACH	ENTERPRISE, LLC.		
SUBJE.	СТ:	Name of Limi	ted Liability Company	8
				•
The end	closed Articles of /	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		HAMID BEKKACH		
			Name of Person	
		BEKKACH ENTERPRISI	E. LLC.	
		•	Firm/Company	
		5343 W IRLO BRONSON	MEMORIAL HWY	
			Address	
		KISSIMMEE, FL 34746		
			City/State and Zip Code	
		smokeshophamid@gmail.co		•
			to be used for future annual report notif	reation)
For fur	ther information co	oncerning this matter, please ca	all:	
НАМІ	ID BEKKACH		407 507-2765	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>S</b> \$2	5.00 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

BEKKACH ENTERPRISE, LLC.							
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears ( Liability Company)	on our records.)				
The Articles of Organization for this Limited I.		were filed on 04/0	7/2016		and ass	signed	
Florida document number L16000069014	<del></del> •						
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name of	of the limited liab	oility company hero	2:				
N/A							
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the des	ignation "L1 C" or t	he abbrevi	ation "L	.L.C."	-
Enter new principal offices address, if applic	cable:	N/A					_
(Principal office address MUST BE A STREI	ET ADDRESS)			<u> </u>		<del></del>	_
		<u></u>		<u>;                                    </u>	7 755		·. -
					<		
Enter new mailing address, if applicable:		N/A		<u> </u>	ी प्रदेश		
(Mailing address MAY BE A POST OFFICE BOX)					75		<b></b> -
		<u>,</u>		(D) (1)		;	
					<b>℃</b>		
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>er</u>	iter the	name	of the	new
Name of New Registered Agent:	HAMID BEKI	КАСН					<b>.</b> .
New Registered Office Address:	5343 W IRLO	BRONSON MEMO	RIAL HWY				
		Enter Floria	la street address				_
	KISSIMMEE		. Florid	a <u>34746</u>			
	<u></u>	Cny		/.	lip 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.

Hamid Bikkach
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
MGR	ABDELJALIL BEKKACH	426 DIAMOND ACRES RD	□ Add
		DAVENPORT, FL 33837	Remove
			☐ Change
			Add
			□ Remove
		quantity conjugates	Change
			□ Add    In the control of the cont
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<del></del>			\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
			☐ Remove
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			□ Remove

N/A			
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		THE PARTY	• •
		<del></del>	
fective date, if other than i	he date of filing:	(optional)	
in effective date is listed, the date of the late of the date inserted in this	nust be specific and cannot be prior to date of filing block does not meet the applicable statutory	yor more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be listed	0207 ed as
ocument's effective date on the	Department of State's records.	-	
roand appoifing a dalay	and affective data but ask as affecti	from Aliman and 12.01 and an area than a soul	
The 90th day after the i		ive time, at 12:01 a.m. on the earlie	eroi
Marc 01	2017		
ated Nay 01	. 2017		
	A BIKKALL. Signature of a member or authorized represen		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00