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COVER LETTER

	Registration S Division of Co			
SHRIVE	BULLS C	OFFEE SHOP, LLC		
SUBJEC	T:	Name of Lin	nited Liability Company	··········
The enclo	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		TIM A. HAMED, CPA		
			Name of Person	
		TIM A. HAMED, CPA, P	.A.	
			Firm/Company	
		45310 AMBERLY DRIV	E. STE 250	
			Address	
		TAMPA, FL 33647		
			City/State and Zip Code	
		timhamed@yahoo.com		
			to be used for future annual report not	ilicution)
For furthe	r information c	oncerning this matter, please c	all;	
TIM A HAMED, CPA		813 514-2905		
	Name o	f Person	at () Area Code Davtm	ne Telephone Number
Enclosed i	is a check for t	he following antount:		
■ \$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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 issee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2061 Executive Co	on rations

Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	iability Compan Iorida Lunited Lu	v as it now appears on ou ability Company)	r records.)		
The Articles of Organization for this Limited Liabil	lity Company v	vere filed on $\frac{08/17/201}{}$	6	_ and as	signed
Florida document number L16000153778	·				
This amendment is submitted to amend the followir	1 <u>g</u> .				
A. If amending name, enter the new name of the	limited liabili	ity company here:			
N A					
the new name must be distinguishable and contain the words	"Lunited Liabilit	Company," the designation	on "LLC" or the abbre	ration "l	.1C ''
Enter new principal offices address, if applicable	. •	N/A		38	¥10 §
Principal office address MUST BE A STREET A	DDRESS)			SE	SICK
					-35:-
Enter new mailing address, if applicable:		10937 N. 56th STREET	r	AHII	
Mailing address MAY BE A POST OFFICE BOX	<u>\')</u>	TEMPLE TERRACE.	FL 33617	27	<u> </u>
 If amending the registered agent and/or registered agent and/or the new registered office. 	registered offi address here:	ce address on our r	records, enter the	name	of the
Name of New Registered Agent: A	NAS S. ALRAC	il			
New Registered Office Address:	0937 N. 56th S	TREET			
		Enter Florida stree	t address		· · · · ·
<u>T</u>	EMPLE TERRA	ACE	Florida <u>33617</u>		
		Circ		ap 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>	Type of Action
AMBR	SALAHEDDINE MAJDOUB	12232 N. 56th STREET	
		TEMPLE TERRACE, FL 33617	Remove
			Change
MGRM	ANAS S. ALRAGI	10937 N. 56th STREET	= Add
		TEMPLE TERRACE, FL 33617	Remove
			☐ Change
			Add
			□ Remove
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			Change
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			Remove
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tive date if other than the date of filings	(
tive date, if other than the date of filing:	e than 90 days after filing.) Pursuant to	605,02
If the date inserted in this block does not meet the applicable statutory filling nent's effective date on the Department of State's records.	requirements, this date will not be	listed
senie sericeive date on the isepartment of state's records.		
cord specifies a delayed effective date, but not an effective tire 90th day after the record is filed.	ne, at 12:01 a.m. on the ea	rlier
s sour day after the record is filed.		
0/14		
9/14 .20/8		
Signature of a member or authorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00