

L16 000 170 203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

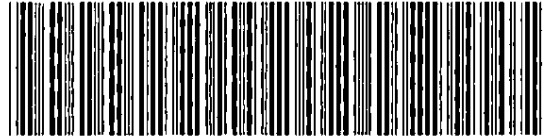
(Business Entity Name)

(Document Number)

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08/10/23--01010--024 \*\*30.00

FILED  
2023 AUG 10 AM 8:05  
STORE FARM CO. STATE  
TALLAHASSEE, FLORIDA

51

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T&A COIN WASH,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:

TAREK F HANNA

Name of Person

Firm/Company

7633 S Dixie Hwy

Address

WEST PALM BEACH,FL 33405

City/State and Zip Code

tarekgabra@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAREK F HANNA

425

789-8989

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

T&A COIN WASH.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 09/12/2016 and assigned  
Florida document number L16000170203.

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>    | <u>Address</u>                             | <u>Type of Action</u>                      |
|--------------|----------------|--|--|
| MGR          | ANDREW T GABRA | 7633 S Dixie Hwy West Palm Beach, FL 33405 | <input checked="" type="checkbox"/> Add    |
|              |                |  | <input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Change            |
| MGR          | NANCY S HENAWY |  | <input type="checkbox"/> Add               |
|              |                |  | <input checked="" type="checkbox"/> Remove |
|              |                |  | <input type="checkbox"/> Change            |
|              |                |  | <input type="checkbox"/> Add               |
|              |                |  | <input type="checkbox"/> Remove            |
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|              |                |  | <input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Change            |

2023 AUG 10 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG 10 AM 8:06  
SECRETARY OF DEFENSE  
TALLAHASSEE, FLORIDA

7  
 100-100-100  
 100-100-100  
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(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 08/07/2023

Signature of a member or authorized representative of a member

TAREK F HANNA

Typed or printed name of signee