L16000176936

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COVER LETTER

TO:

TO: Registration Solution of Co.			·
A&T Haki SUBJECT: _	in 2016 LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles esta	Amendment and fee(s) are sub-	smitted for filing	
	ondence concerning this matter	-	
	2		
	Tzvi Hakim		
		Name of Person	
	A&T Hakim 2016 LLC		
		Firm/Company	·
	1155 Sea Grape Circle		
		Address	
	Delray Beach, FL 33445		
	· · ·	City/State and Zip Code	_
	at.hakim16@gmail.com	to be used for future annual report not	Titions:
For further information c	concerning this matter, please c	-	tti Cation)
Tzvi Hakim		561 621-0102	
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration (Street Address:	nation
Division of C		Registration Se Division of Co	
P.O. Box 632 Tallahassee, 1		The Centre of	
rananassee, i	L D J Z J 1 H	Z413 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&T Hakim 2016 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 ______ and assigned Florida document number _L16000176936 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 City

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>	Address	Type of Action
			🗀 Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			
			□Change
			□Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

		•
Operating agreement for A&T	F Hakim 2016 LLC is updated to show the beneficiaries for all assets and any busines	
Arbel, Ayala		•
Hakim, Karny Helen		
Mor, Orr		•
Zahavi, Tom		
		•
fective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block becament's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 ck does not meet the applicable statutory filing requirements, this date will not be listed.	i.020 ed a
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
October 15	. 2023	

Filing Fee: \$25.00