LIODOPA 865

(Re	questor's Name)	
(Ad	dress)	 .
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Co	rporations				
SID HOT.	CAFE SAHA	RA LLC			
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SOHA	A FARAH STAPLETON			
		Name of Person			
	C	AFE SAHARA, LLC			
		Firm/Company			
	1	1901 WEST BAY DR. #13 #14 Address			₹ <i>0</i>
				Α.	
	LARGO, FL. 33770				記程
		City/State and Zip Code		」與20	35 S
	E well address:	cas@goldrockllc.com to be used for future annual report notifi	cation	<u> </u>	
For further information	concerning this matter, please c		cationy	EM 8: 05	
Soha Farah	Stapleton	727 216-6221		ਲ) ز. ۱۳۰
Name	of Person		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)	Certified Copy	tificate of Status &	
MAII	LING ADDRESS:	STREET/COURIE	ER ADDRESS:		

TO:

Registration Section

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sahara Deli, L.L.C		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document numberL16000199865	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CAFE SAHARA LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable: 1901 West Bay Drive #13 and #14		
(Principal office address MUST BE A STREET ADDRESS)	Largo, Fl. 33770	<u> </u>
		7 68
Enter new mailing address, if applicable:	1901 West Bay Drive #13 and #14	20
(Mailing address MAY BE A POST OFFICE BOX)	Largo, Fl. 33770	# 0.5.C
		© 52 5
		3 27
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:	Soha Farah Stap West bab Dr 139	lcton
New Registered Office Address: 190/	WCS f bab Dr 139 Enter Florida street address	414
<i>_</i>	argo,Florida	33170
	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 any other information, enter change(s) here: (Attach additional sheets, if nec	
	
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Effective date, if other than the date of filing:	ional) or filing.) Pursuant to 605.0207 is date will not be listed as
the record specifies a delayed effective date, but not an effective time, at $12:01\ c$	a.m. on the earlier of
Dated Jan 14, 2017. Soha Farah Stapleton Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Sha Farah Stapletons Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Charles Aoun	1901 West bay Dr Large f	C □ Add
		33 1.10	Remove
			☐ Change
AMBR	Soha Farah Stapleton	1901 West bag Dr Cargo,	Add Add
		33770	Remove
			Change?
			
			الم والمرابع المرابع
			Remove
			D Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			D Add
			□ Remove
			□ Change