

L16000218683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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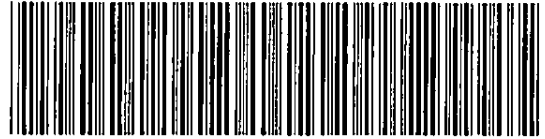
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

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STINGRAY PROPERTY HOLDINGS LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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____ Art of Inc. File _____
____ LTD Partnership File _____
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____ L.C. File _____
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____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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

FILED

STINGRAY PROPERTY HOLDINGS LLC

2024 MAR 13 AM 11:57

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/01/2016 and assigned
Florida document number 116000218683.

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 "LLC."

Enter new principal offices address, if applicable:

1400 VILLAGE SQ BLVD #3-13

(Principal office address MUST BE A STREET ADDRESS)

TALLAHASSEE, FL 32312

Enter new mailing address, if applicable:

1400 VILLAGE SQ BLVD #3-13

(Mailing address MAY BE A POST OFFICE BOX)

TALLAHASSEE, FL 32312

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:

Orlando R. Cicilia, Esq.

New Registered Office Address:

10800 Biscayne Blvd., Suite 700

Enter Florida street address

Miami

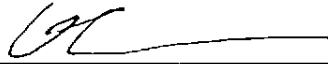
City

Florida 33161

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	MAHMOUD AMROUCH	1400 VILLAGE SQ BLVD #3-13	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WALID AMROUCH	1400 VILLAGE SQ BLVD #3-13	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HUSSAIN AL-ALI	1400 VILLAGE SQ BLVD #3-13	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HASSAN AL-ALI	1400 VILLAGE SQ BLVD #3-13	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	DIANA HAMER	1895 IXORA RD	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	ROBERT EUGENE HAMER JR	1895 IXORA RD	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 March 13, 2024



Signature of a member or authorized representative of a member

MAHMOUD AMROUCH

Typed or printed name of signee

Filing Fee: \$25.00