

L17000014639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 MAR 20 P 3 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHANI HOLDINGS 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:

Ileana Noa

Name of Person

Concorde Land Title Services, Inc.

Firm/Company

134 South Dixie Highway, Suite 100

Address

Hallandale Beach, FL 33009

City/State and Zip Code

inoa@concordelts.com

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

For further information concerning this matter, please call:

Ileana Noa

305 356-8403, Ext. 201
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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	ALICIA DAHDAH	1250 E. Hallandale Beach Blvd.	<input type="checkbox"/> Add
		#1002	<input type="checkbox"/> Remove
		Hallandale, FL 33009	<input checked="" type="checkbox"/> Change
MGR	ANTOINE DAHDAH SAYEGH	1250 E. Hallandale Beach Blvd.	<input type="checkbox"/> Add
		#1002	<input type="checkbox"/> Remove
		Hallandale, FL 33009	<input checked="" type="checkbox"/> Change
MGR	ALAN DAHDAH	1250 E. Hallandale Beach Blvd.	<input type="checkbox"/> Add
		#1002	<input type="checkbox"/> Remove
		Hallandale, FL 33009	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2018 MAR 20 10 33 AM
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 TALLAHASSEE, FLORIDA

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

Add Tax ID #81-5154933

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208 MAR 20 P 3 31
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TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 2017

Signature of a member or authorized representative of a member

Antoine Dahdah, Manager

Typed or printed name of signee