

H210001879583

Division of Corporations

L17000015754

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000187958 3)))



H210001879583ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KAYALI & CO., P.A.  
Account Number : 120160000100  
Phone : (813)899-9642  
Fax Number : (813)899-9793

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Info@cpaork.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALBARKAH LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

H210001879583

US  
5/10/21

COVER LETTER H210001879583

TO: Registration Section  
Division of Corporations

ALBARKAH LLC

SUBJECT: \_\_\_\_\_  
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:

\_\_\_\_\_  
Name of Person  
KAYALI & CO., P.A.  
\_\_\_\_\_  
Firm/Company  
10630 N 56TH ST, STE 205  
\_\_\_\_\_  
Address  
TEMPLE TERRACE, FL 33617  
\_\_\_\_\_  
City/State and Zip Code  
INFO@CPAOSK.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2021 MAY 11 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

OSAMA KAYALI \_\_\_\_\_ at (813) \_\_\_\_\_  
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

H210001879583

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H210001879583

ALBARKAH 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 01/18/2017 and assigned  
Florida document number L17000015754.

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)

FILED  
2021 MAY 11 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE FL

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

H210001879583

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

H210001879583

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>  | <u>Type of Action</u>                      |
|--------------|---------------|-----------------|--------------------------------------------|
| MGR          | SHADI FOGAHAA | 5034 E 10TH AVE | <input type="checkbox"/> Add               |
|              |               | TAMPA, FL 33619 | <input checked="" type="checkbox"/> Remove |
|              |               |                 | <input type="checkbox"/> Change            |
| MGR          | OSAMA FUQAHA  | 5034 E 10TH AVE | <input type="checkbox"/> Add               |
|              |               | TAMPA, FL 33619 | <input checked="" 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            |
|              |               |                 | <input type="checkbox"/> Add               |
|              |               |                 | <input type="checkbox"/> Remove            |
|              |               |                 | <input type="checkbox"/> Change            |
|              |               |                 | <input type="checkbox"/> Add               |
|              |               |                 | <input type="checkbox"/> Remove            |
|              |               |                 | <input type="checkbox"/> Change            |

SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 MAY 11 PM 4:46  
FILED

H210001879583

טל: 052-5331111 | פקס: 052-5331112 | דואר: 5150101 | חשבון: 052-5331111

7 | 210001879583

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

FILED  
2021 MAY 11 PM 4:40  
SECRETARY OF STATE  
TREASURY  
FL

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 05-10 2021

155A FOIAHQA

Signature of a member or authorized representative of a member

ISSA FOQAHA.A

Typed or printed name of signee

4210001879583