

8/7/23, 3 44 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L17000015754

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(((H23000273971 3)))



H230002739713ABC1

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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: \_\_\_\_\_

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

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

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2023 AUG -8 PM 11:43  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 AUG -8 PM 2:08  
ALBARKAH LLC  
FILED

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AND  
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AUG 09 2023

K. Brumbley

COVER LETTER

TO: Registration Section  
Division of Corporations

H230002739713

SUBJECT: ALBARKAH 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:

Name of Person

KAYALI & CO., P.A.

Firm/Company

10630 N 56TH ST., STE 205

Address

TAMPA, FL 33617

City/State and Zip Code

INFO@CPAOSK.COM

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

For further information concerning this matter, please call:

OSAMA S KAYALI, CPA

at ( 813 ) 899-9642

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

H230002739713

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H 230002739713

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 01/19/2017 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**)

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: SHADI FOQAHAA

New Registered Office Address: 5034 E. 10TH AVE.

Enter Florida street address

TAMPA

City

Florida

33619

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

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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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ISSA FOQAHAA	5034 E. 10TH AVE.	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHADI FOQAHAA	5034 E. 10TH AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(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 entered in this block does not correspond to the date of filing, the date of filing must be entered in the "Date of Filing" block.

**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 8/1/ 2023

ISSA FOREIGN

Signature of a member or authorized representative of a member:

ISSA FOIAHAA

Typed or printed name of signee

423 000 273 9713

**Filing Fee: \$25.00**