## 11700002404

(Re	equestor's Name)	
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(C	ity/State/Zip/Phone	#)
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(B	usiness Entity Nam	ne)
(D	ocument Number)	
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## **COVER LETTER**

	ision of Corp			
SUBJECT:	WAHAB LI	.c		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter	to the following:	
		GABRIEL HATEM		
			Name of Person	
		TAX CARE DORAL		
			Firm/Company	<del></del> .
		1400 NW 107th AVE STE	430	
			Address	
		SWEETWATER, FLORID	OA 33172	
			City/State and Zip Code	
		gabriel@taxcarcinc.com		
			to be used for future annual report notific	eation)
For further i	nformation co	oncerning this matter, please ca	ill:	
Gabriel Hate	em		786 8458854 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAHAB LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	,
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/01/2017	and assigned
Florida document number L17000026154		
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 I	ishility Company " the designation HI I C"	the obligation of the Constitution of the Cons
The new hame must be distinguishable and contain the words. Elimited I	classifity Company, the designation EEC of	r the abbreviation "L.b.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		Consider the Constitution of the Constitution
		10
Enter new mailing address, if applicable:		<u>ن</u> ب
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		enter the name of the new
registered agent and/or the new registered office address	<u>nere</u> ;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code
N		

## 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>	Address	Type of Action
MGR	VERONA MARTINEZ	7280 NW 114 AVE	■ Add
		SUITE 201	Remove
		DORAL FL 33178	☐ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			☐ Add Remove
			Change 23
		<del></del>	Add
			□ Remove
		<del></del>	☐ Change
			Add
			Remove
			□ Change

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Signature of addember of authorized representative of a member	<del></del>

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Filing Fee: \$25.00