

4700032648

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALL'AHASSEE, FLORIDA 17 FEB 27 PH 1: 07

MAR 22 2017 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2017

ALI ALZAMANI SULTAN CAFE LOUNGE LLC 3401 N FEDERAL HWY STE 102 BOCA RATON, FL 33431

SUBJECT: SULTAN CAFE LOUNGE LLC

Ref. Number: L17000032648

We have received your document for SULTAN CAFE LOUNGE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 217A00003913

2017 HAR 20 PM 2: 03

COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: SUIT.	an Cafe Name of Lim	Lounge ited Liability Company			
The enclosed Articles of An	nendment and fec(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Al: Sulta	Pilzamani Name of Person Afe Louy Firm/Company	ge the		
	3401 N 1	Address Hwy	Suite 102	17 FE	SECRE
-	BCCa Ra & Sultanca: E-mail address: (City/State and Zip Code Pelounge Pyahe to be used for future annual report notifie	oo Come	FEB 27 PM 1: 07	HASSIE FI
For further information conc				: 07	
Ali Alza	men'	at (<u>954</u>) <u>249</u> Area Code Daytime	1323 Telephone Number		
Enclosed is a check for the f	ollowing 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 Sta Certified Copy (additional copy is en	tus &	

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

(Name of the Limited Liabi (Λ Florid	ility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L 17000</u> 3264		and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	ed liability company here: ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." ESS) Enter Florida street address Florida Florida		
The new name must be distinguishable and contain the words "Lit	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
		17 FEB	SUR I
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		7	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		0	the nev
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

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 Alyaa Alzamani 7515 SW 26th XAdd CT Davie, FL 33314 - Remove _□ Change □ Add _□ Remove __ Change ☐ _□ Ræfhove _□ Chapege □ AdeP _□ Remove _□ Change _□ Add □ Remove _□ Change ☐ Add ☐ Remove __ Change

PH — (optional)	ective date, if other than the date of filing: (optional)					
PH	ective date, if other than the date of filing: n 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 605.02 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed					
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Page 3 of 3

Filing Fee: \$25.00

Ali Alzamani

Return address:

7515 SW 26th CT

Davie, FL 33314

(954)-249-1323

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