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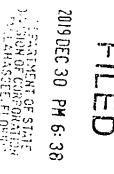
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			•
: Kalifeh Gr	oup LLC		· · · · · · · · · · · · · · · · · · ·
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephen M Kalifeh		
	-	Name of Person	
	Kalifeh Group LLC		
		Firm/Company	
	5419 Pimlico Drive		
		Address	
	Tallahassee Florida 323	09	
		City/State and Zip Code	
	kalifehs@gmail.com E-mail address: (to be used for future annual report no	(ification)
For further information of	concerning this matter, please c	all:	
Stephen Kalifeh		850 5100447	
Name c	of Person	at () Area Code Daytin	me Telephone Number
Enclosed is a check for t	he fallowing amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee,
_ 323.00 i iling i 44	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 633	77	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kalifeh Group 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 04-21-2017 Florida document number L17000088891 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 "LLC." 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: New Registered Office Address: Enter Florida street address , Florida _

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	Phyllis K Kalifeh	5419 Pimlico Drive	
		Tallahassee, Florida 32309	■Remove
			□Change
			□Add
			Remove
			□Change
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ective date, if other than the da	12/27/2019	1	(optional)	
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 t	io 605,020
te: If the date inserted in this block tument's effective date on the Department.	t does not meet the application of State's records.	ible statutory filing requi	rements, this date will not o	e fisted a
cord specifies a delayed effective d	ate, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	gafter the
s filed.				
December 27	2019			
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Minh. K	Med-			
- Legan		rized representative of a me	mber	_
<i>y</i>		•		

Filing Fee: \$25.00