

L17 0000 92366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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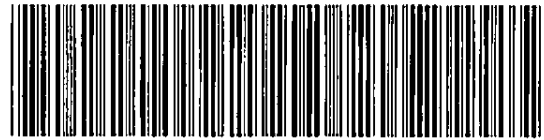
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MABS GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAJED ABUAMAISH

Name of Person

Firm/Company

12319 BAY ESTUARY BEND

Address

RIVERVIEW, FL 33579

City/State and Zip Code

helwa1@msn.com

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

For further information concerning this matter, please call:

MAJED ABUAMAISH

813 404-3331

at ()

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

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and assigned

Page 1 of 3

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

[illegible]

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 12/31, 2023



Signature of a member or authorized representative of a member

MOHAMMAD ABUEMAISH

Typed or printed name of signee

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ABUEMAISH, MOHAMMAD	11801 CLARE HILL AVE	<input type="checkbox"/> Add
		RIVERVIEW, FL 33579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ABUEMAISH, SHEERIEN	11801 CLARE HILL AVE	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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