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SECRETARY OF STATE
AND ASSEE, PLORID.

D. SCOTT MAY 1 0 2017

COVER LETTER

TO: Registration S Division of Co					
Zabihah H	ala LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Onu Hoque				
		Name of Person			
	Zabihah Halal				
	3040 South Military Trail				
	Address				
	Lake Worth, FL 33463				
		City/State and Zip Code			
	onuhoque@gmail.com E-mail address: (to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please c	·	-1·5° €		
Onu Hoque	, p	561 2510691	Telephone Number		
	of Person	at ()	Telephone Number 8	٠	
· · · · · · · · · · · · · · · · · · ·		And Code Dayline	The P	ز	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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

Zabihah Hala LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on May 04,2017	and assigned
Florida document number L17000098483		
This amendment is submitted to amend the following	;	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
Zabihah Halal LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
- · · · · · · · · · · · · · · · · · · ·		
<u>Principal office address MUST BE A STREET AD</u>	<u>DRESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or re	gistered office address on our records, ente	r the name of the nev
egistered agent and/or the new registered office a		ರ⊘ ತ
Name of Navy Decistant A court		当 夏 也
Name of New Registered Agent:		
New Registered Office Address:		戶 ∞ m
	Enter Florida street address	三点星し
	. Florida	
	City	Zin 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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00