117000105480

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700303581817

03/25/17--01014 -017 **25.00



K. SALY SEP 2 6 2017

COVER LETTER

1

TO:	Registration Se Division of Cor			
		oring Services, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
		1		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Najib Nakhel		
		1	Name of Person	**************************************
			Firm/Company	
		7651 Chipwood Lane		
			Address	· · · · · · · · · · · · · · · · · · ·
		Jacksonville, FL 32256		
		msnakhel@att.net	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	ication)
For fu	ther information c	oncerning this matter, please ca	all:	
Najib	Nakhel		904 451-5411	
Name of Person		Area Code Daytime Telephone Number		
Enclos	ed is a check for the	ne following amount:		
₽ \$2	5.00 Filing Fee	S30.00 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



Najib's Flooring Services, 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 Liabi	ility Company were filed on May 11, 2017	and assigned	
Florida document number L17000105480			
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
ı			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		s, <u>enter the name of the new</u>	
Name of New Registered Agent:		 	
New Registered Office Address:	D		
	Enter Florida street address		
	File	orida	
-	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>	<u>Address</u>	Type of Action
AMBR	NABIL JARADEH	3908 TOLEDO RD	#H ————————————————————————————————————
	1	JACKSONVILLE, F	
	I		☐ Change
	;		☐ Remove
			Change
			SE S
			G Remove R
			Add 25 Premover 2: 6
	ı		□ Remove
			□ Change
		<u> </u>	□ Add
			□ Remove
		-	Add
			Remove
			Change

				
				<u></u>
				
				
				<u>.</u>
				TON SER C
				A SE
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	-	7
	· -· · · · · · · · · · · · · · · · · ·			<u> </u>
				- <u> </u>
	1			
	<u>-</u>		<u> </u>	
		·		
			,	
ctive date, if other than the deflective date is listed, the date must be	e specific and cannot be	prior to date of filing	or more than 90 days a	ptional) ifter filing.) Pursuant to 605.0
If the date inserted in this bloc ment's effective date on the Dep	k does not meet the a artment of State's rec	pplicable statutory ords.	filing requirements,	this date will not be listed
ecord specifies a delayed e e 90th day after the recor		t not an effecti	ve time, at 12:0	1 a.m. on the earlier
e sour day arter the recor	d 13 med.			
SEPTEMBER 22	2017			
				

Page 3 of 3

Filing Fee: \$25.00