## L18000002174

(Re	equestor's Name)	
(Ad	idress)	<del>.</del>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u></u>		

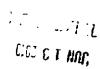
Office Use Only



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2618 KAY 29 PD 12: \$5



## **COVER LETTER**

TO:		istration Sec sion of Corp			
SUBJI		FETSABEL	HOLDING LLC		
30001	iser.		Name of Limi	ted Liability Company	
The en	iclosed	Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please	return	all correspon	dence concerning this matter	to the following:	
			MARC MANI		
			BAABA CONSULTING	Name of Person	
			201 S BISCAYNE BLVD	Firm/Company STE 2800	<del></del>
			MIAMI, FL 33131	Address	
			MMANI@BAABACONSU		
For fur	rther in	formation co	E-mail address: (I neerning this matter, please ca	o be used for future annual report n	otification)
MARG	C MAN			786 985-7336 at ()	<del></del>
		Name of	Person	Area Code Dayt	ime Telephone Number
Enclos	sed is a	check for the	e following amount:		
<b>□</b> \$2	5.00 F	iling 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

## FETSABEL HOLDING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Comp	pany were filed on 01/03/20	and assigned
Florida document number L18000002174	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u>s</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	N/A	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	•	here:  Enter Florida sta	reet 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> MICHEL SABBAH	Address 7901 HISPANOLA AVE #1602	Type of Action
MGR	MICHEL SABBAN	NORTH BAY VLG FL 33141	Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

N/	A
N/	A
_	N/A
effec e: If	e date, if other than the date of filing:  tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
he 9	ard specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 00th day after the record is filed.
ed	05/20/2019 Hirl
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00