

L18000004822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

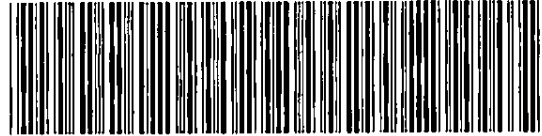
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FALL, 2024
FLORIDA

2024 OCT 21 AM 9:19

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maswadi LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Basem Maswadeh
Name of Person

Firm Company

4072 Roweling Oaks Ct
Address

Tallahassee, FL 32303
City State and Zip Code

BMASWADEH 2020@GMAIL.COM
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

BASEM MASWADEH at (850) 212-7842
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee
☒ \$10.00 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

SECRETARY OF STATE
TALLAHASSEE, FL
2024 OCT 21 AM 9:30
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MASWADI 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 01/05/2018 and assigned
Florida document number LL010004822.

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 "L.L.C."

Enter new principal office 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 registered agent and/or registered office address on our records, enter the name of the new registered agent and the new registered office address here:

(New Registered Agent:

(New Registered Office Address

Enter Florida street address

Florida

City

Zip Code

New Registered Agent, 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 the statutes relative to the proper and complete performance of my duties, and I am familiar with and accept to the provisions of my position as registered agent as provided for in Chapter 605, F.S. Of this document is being filed to change 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)

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2024 OCT 21 AM 9:39
CLERK OF STATE
TALLAHASSEE, FL

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	AMR ZEM MASWADEH	4072 ROWELING OAKS CT.	☐ Add
		TALLAHASSEE, FL 32303	☒ Remove
			☐ Change
MGR	AMR ZEM MASWADEH	4072 ROWELING OAKS CT.	☒ Add
		TALLAHASSEE, FL 32303	☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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2024 OCT 21 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL

[illegible]

(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)

Dated OCTOBER 1, 2024

Basem Alasmud

BASEM

MASWADEH

Typed or printed name of signee

2024 OCT 21 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL

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