Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000984913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GRACE FINANCIAL CONSULTING, INC.

Account Number : I19990000092 : (561)844-9806 Phone Fax Number : (561)689-1131

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:_	 		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YAMEN & JANA ENTERPRISE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0 7
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu K. SALY

Help

MAR 15 2024

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: YAMEN &	JANA ENTERPRISE, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
	mendment and fee(s) are subm		
Please return all correspon	dence concerning this matter to	o the following.	
	AREEJ Q ALAZZAM		
		Name of Person	
	YAMEN & JANA ENTER		
		Firm/Company	
	1149 45TH ST	Acdress	
		ACOUNTS	
	MANGONIA PARK, FL 3	3407 City/State and Zip Code	
	WSWALLEH@YAHOO.C	OM	
		o be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	11:	
areej q alazzam		at (813) 476-9734	T. I. N. Washing
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		<u>Street Address:</u> Registration Se	ction
Registration Division of C		Division of Co	porations
P.O. Box 632	27	The Centre of 7415 N. Monro	fallahassee be Street, Suite 810
Tallahassee,	FJJ 32314	2410 IV. MORK	20000

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 HAR 14 PM 3: 01
TALESTIANS SEE FLORID,

YAMEN & JANA ENTERPRISE, 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 02/01/2018	and assigned
Florida document number L18000029746		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	, Flo	orida
	<i></i>	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, ar provided for in Chapter 605.	nd I am familiar with and F.S. Or. if this document is

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>	Address	Type of Action
AMBR	WLEID M SWALLEH	12030 FAIRWAY ISLES DR	≣Add
		FORT MYERS, FL 33913	□Remove
			St. Edd T
		7	□ Remove P
			· Contraction
			□Add
			□Remove
			Change
			□Remove
			Change
			🗆 Add
			¬Remove
			□ Change
			□Add
			□ Remove
			□C'hange

				·		
- -		<u> </u>				
		······		<u> </u>	······································	
					- PH - E	
					72 F2	-
				·	TALLAHYSSET FLUAR	-9
					7.	بب
-						9
•		<u> </u>			 ¥	
		·				
				<u> </u>		
		<u> </u>				
	·		<u></u>			
	· .					
 						
				(Mama))		
Effective d If an effective	late, if other than the date of	f filling:	tate of filing or more than	(OPHORE) n 90 days after filing.) Pu	rsuant to 605.0207 (3)(b)
Note: Ifth	e date is listed, the date must be spec e date inserted in this block doe s effective date on the Departme	a not meet me andurem	e sizinita h umili redo	principo, una onte via		
		m d d	12:01 a m on the	and the of the The 9	Oth day after the	
e record spe ed is filed.	ecifies a delayed effective date, l	but not an effective time	, at (2:01 a.m. on the	canta on (o)		
	3/11/24					
Dated	2/11/					
	Signatu	ue of a member or authori	red representative of a m	sember		
	_ _					
	AREEJ Q ALAZZAM					

Filing Fee: \$25.00

Scanned with CamScanner