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(Req	uestor's Name)	-
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☐ PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

ECT;	Name of Lim	ited Liability Company	_
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	endence concerning this matter	to the following:	
	OUSAMA AREF		
		Name of Person	
	ALEXANDER'S SHAWA	RMA, LLC	
		Firm/Company	
	4819 East Busch Boulevar	d. Suite 101	
		Address	·
	Tampa, FL 33617		
		City/State and Zip Code	
	samaret7@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
further information c	oncerning this matter, please co	all:	
sama Aref		813 299-0119	
Name o	f Person	at ()	: Telephone Number
losed is a check for th	he 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

MAILING ADDRESS:

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEXANDER'S SHAWARMA			
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L		21/2018	and assigned
Torida document number 1.18000072766	<u> </u>		
his amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>ere</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the c	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli-	zable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREI	ET ADDRESS)		a ^{OLY} (
			DO SECURITOR SEC
Inter new mailing address, if applicable:			80.7 C
Mailing address MAY BE A POST OFFICE	BOX)		3 00
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	-		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter th</u>	ne name of the ne
Name of New Registered Agent:	OUSAMA AREF		
New Registered Office Address:			
	Enter Flo	rida street address	<u>.                                      </u>
		, 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. Thereby 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>	Name	Address	Type of Action
MGR	OUSAMA AREF	<del> </del>	
			☐ Remove
			☐ Remove
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			Remove
			☐ Change
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This amendment is to change th	e name from "Sam Aref" to "Ousama	Aret™ anywhere applicable.	
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fective date, if other than the da	te of filing:	(optional)	
n effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 6 ry filing requirements, this date will not be li	05.0 sted
record specifies a delayed e The 90th day after the record		tive time, at 12:01 a.m. on the ear	lier
ted June 4	2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00