

L18000137151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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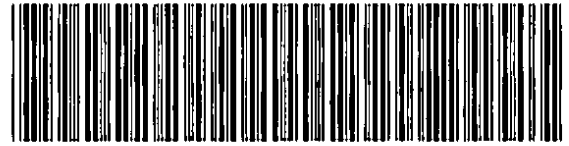
(Business Entity Name)

(Document Number)

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2019 JUL -5 PM 3:11  
JUL 10 2019

R. WHITE

JUL 10 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEAMLESS INTEGRATED MOBILE, 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:

MARION A. COX  
Name of Person

SEAMLESS INTEGRATED MOBILE, LLC  
Firm/Company

2100 NE 2ND AVENUE  
Address

MIAMI, FLORIDA 33137  
City/State and Zip Code

MARIONCOX70@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARION A. COX at (631) 631-377-2934  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SEAMLESS INTEGRATED MOBILE, LLC

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

2019 JUL -5 PM 3:17  
FILED

The Articles of Organization for this Limited Liability Company were filed on 8/7/2018 and assigned  
Florida document number 118000137151

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 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 BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u> <del>STO</del>	<u>TAMER ISHAK</u>	<u>2100 NE 2ND AVE</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FLORIDA 33137</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>TONY MICHAEL ATTIA</u>	<u>2100 NE 2ND AVE</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FLORIDA 33137</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>AMIR ABO ELEZZ WILLIAM</u>	<u>2100 NE 2ND AVE</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FLORIDA 33137</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>SHERIF ISHAK ROFAEL</u>	<u>2100 NE 2ND AVE</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FLORIDA 33137</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>AHMAD MAYAS</u> <u>ABDELHAMID ELGHANZALY</u>	<u>2100 NE 2ND AVE</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FLORIDA 33137</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 7/1/2019, 1

Signature of a member or authorized representative of a member

MARLON A. Cox

Typed or printed name of signee