

L18000191882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

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(Business Entity Name)

(Document Number)

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05/09/23--01023--016 **25.00

2023 JUN 3 10:00

S. ROBERTS

JUN 30 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALAH BARBER SHOP #2 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:

Zaman Rubace

Name of Person

Firm/Company

11615 Derby Forest Dr

Address

Jacksonville FL 32258

City/State and Zip Code

zaman.hasan82@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Siamand Ando

904

414-9338

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SALAH BARBER SHOP #2 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 08/10/2018 and assigned
Florida document number L18000191882.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SALAH BARBER SHOP 2 LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

Zaman Rubaee

11615 Derby Forest Dr

Jacksonville FL 32258

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:

Zaman Rubaee

New Registered Office Address:

11615 Derby Forest Dr

Enter Florida street address

Jacksonville

Florida 32258

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>
MGR	Zaman Rubaee	11615 Derby Forest Dr	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	SALAH ABBOUD	1438 TRIPPER DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Siamand Ando	11691 White Dogwood Rd	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The full ownership of this business has been transfered to Zaman Rubaee effective of May 1st 2023

[illegible]

E. Effective date, if other than the date of filing: 05/03/2023 (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/03/2023

Signature of a member or authorized representative of a member

Salah abboud

Typed or printed name of signee