(Requestor's Name) (Address)	6003364465
(Address)	0003304400
. (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	11/07/1901005030
(Document Number)	
Certified Copies Certificates of Status	,
Special Instructions to Filing Officer:	
	$\wedge$

Office Use Only



536

\*\*25.00

DEC 07 2019 I ALBRITTON

# **COVER LETTER**

SUBJECT: Sami NAGMIBLE  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:	
Sami ABD LMASSIA Name of Person	
Firm/Company	
9450 IvyBrack Run nont 609	
Ftmyers, FL 33913 -City/State and Zip Code	
5am. 00 x m 5 w . cm E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sami ABDEL MASSIA at (239) 2968690  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Sol	

# MAILING ADDRESS:

1. L. .

Registration Section Division of Corporations

TO:

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

Sami NAGWI	Company as it now appears on our records.) imited Liability Company)
(A Florida I.	amited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number 1 12000 54	mpany were filed on Feb 25 2019 and assigned
	.0 ( )
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
and tomain the rollar symmetry	de designation blue of the above ration blue.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
	201
Enter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	* .
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	·· 
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new
	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	<u> </u>
<del></del>	, 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>	Address	Type of Action
MGRM	EBRaam makan	Jaus 5335 vineland Oplando FL 33913	D Add
		ORlando FL 33913	Remove
		<del></del>	Change
			🗆 Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			D Add
			☐ Remove
			□ Change
	<del></del>		🗆 Add
			□ Remove
			Change

. If Amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
f 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 $\frac{10-24-2019}{}$ .
Signature of a member or authorized representative of a member
5 ami ABDEL MASS ix Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00