

619 600 217839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

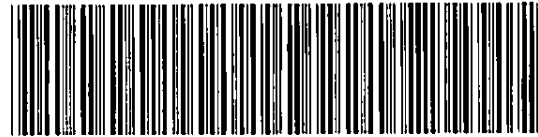
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DATE

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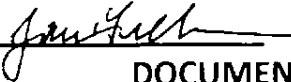
**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$25.00**

**Authorization Signature:** 

**BUSINESS NAME** **DOCUMENT #**

**ABU OMAR HALAL LLC** **L19000217839**

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ LLLP
- ☐ CORP
- ☐ Other

**AMENDMENTS**

- ☒ **X** Amendment
- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Amended & Restated Articles of Incorporation
- ☐ Statement of Authority

**APOSTILLE(s)**     **&**     **OTHER FILINGS**

- |  |   |
|--|---|
| <input type="checkbox"/> Apostille       | <input type="checkbox"/> Foreign Filing |
| <input type="checkbox"/> Country         | <input type="checkbox"/> Reinstatement  |
| <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Qualification  |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Other          |

EXAMINER'S INITIALS: \_\_\_\_\_

2021  
JUN 10 10:20  
AM  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABU OMAR HALAL 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:

ABU OMAR HALAL LLC  
Name of Person  
ABU OMAR HALAL LLC  
Firm/Company  
12208 N 56TH ST  
Address  
TEMPLE TERRACE, FL 33617  
City/State and Zip Code  
abuomarhalal20@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ahmad Kahala 813 454-2668  
Name of Person at ( ) 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 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**

**ABU OMAR HALAL 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 08/26/2019 and assigned Florida document number L19000217839.

This amendment is submitted to amend the following:

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

**ABU OMAR HALAL TAMPA LLC**

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:**

N/A

**(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:

N/A

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**



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

N/A


**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 FEB. 20TH 2024

  
Ahmad Kahala (Feb 20, 2024 14:48 EST)

Signature of a member or authorized representative of a member

AHMAD KAHALA

Typed or printed name of signee