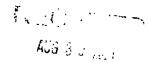
# L1900030357H

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## **COVER LETTER**

TO:	Registration S Division of Co	rporations			•
		Lounge LLC		•	,
SUBJE	CT:	Name of Lin	nited Liability Company	- <u> </u>	
The <b>en</b> cl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter			
		Hamed Elshawarby			•
			Name of Person		
		Shawarbi Financial Group	LLC		
Firm/Company  196 Banyan Bay Drive Saint Petersburg FL 33705					
City/State and Zip Code					
		helshawarby@shawarbi.com			
			to be used for future annual t	report notification)	
For furth	er information o	oncerning this matter, please co	all:		
Hamed I	Elshawarby		727 388	-7109	
	Name o	f Person	Area Code	Daytime Telephone Nu	ımber
Enclosed	is a check for the	ne following amount:			
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Cerrosed) Cerr	00 Filing Fee, tificate of Status & tified Copy trional copy is enclosed)
1	Mailing Addres Registration S Division of C	Section		dress: tion Section of Corporations	
l	P.O. Box 632	7		tre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 AUG 39 - AH (0: 52

Moonlight Lounge 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 12/12/2019 \_\_\_\_\_ and assigned Florida document number L19000303574 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

#### 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 or removed from our records:

MGR = Manager AMBR = Authorized Member 21 AUG 30 AH 10: 52

<u>Title</u>	Name	<u>Address</u>	Type of Act
AMBR	Hoda Wasef	12420 Seabrook Dr. Tampa, FL 33626	□Add
			\exists Remove
			□Change
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			□Remove
			□Change
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			□Remove
_ <del>_</del> _			
			□Remove
			Change

## Page 2 of 3

sell all her shares to Mr. Wissam bahloul.	
	21
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	<del></del>
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing:  If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 60 by filing requirements, this date will not be lis
record specifies a delayed effective date, but not an effec he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli
1 10 10	
ed June 2nd August 20 th 2021	
Signature of a member of authorized represe	

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Filing Fee: \$25.00