9/20/21, 1:10 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000351353 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KAYALI & CO., P.A.

Account Number : I20160000100 : (813)899-9642 Phone

Fax Number : (813)899-9793

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
emali Address.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALID OSMAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP 2 1 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALID OSMAN, LLC		
(Name of the Limited Liability (A Flonds L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Cor Florida document number L20000066259	mpany were filed on 02/28/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office uddress MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	, Flo	orlda
	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

18138999793 41210003513533

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
MGR	DOAA KOTB	4910 ARMINIA AVE N	■Add
			□Remove
		TAMPA, FL 33603	Change
			□Add
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		Remove	
			□ Change
			\ \ _Add
			□Remove
			Change

H21000 3513533

		
		
<u></u>		
ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Design	late of filing: be specific and cannot be prior to date of filing or more than 9 ck does not meet the applicable statutory filing require partment of State's records.	(optional) Odays after filing.) Pursuant to 605:02 monts, this date will not be listed.
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after th
09/17 ated	2021	
		
_Docup	Signature of a member or authorized representative of a mem	ber
-	- Branch as a minimum at management the section of As a man	•
MANAGER		·

Filing Fee: \$25.00