

L20 0000 86213

VCA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

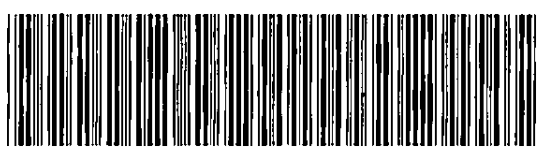
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/04/24--01028--020 **60.00

FILED
2024 JUN -4 AM 5:01
CLERK OF DISTRICT
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMMANUEL REALTY HOLDINGS 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:

HANY IBRAHIM

Name of Person

EMMANUEL REALTY HOLDINGS LLC

Firm/Company

4937 CYPRESS HAMMOCK DR.

Address

Saint Cloud, Florida 34771

City/State and Zip Code

ANDY.HANYIBRAHIM@GMAIL.COM

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

For further information concerning this matter, please call:

HANY IBRAHIM

216

225-8119

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

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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	PETER ATTIA	5413 CARRARA COURT	<input type="checkbox"/> Add
		Saint Cloud, Florida 34771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IRENE XENOS	4937 CYPRESS HAMMOCK DR.	<input checked="" type="checkbox"/> Add
		Saint Cloud, Florida 34771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

PETER ATTIA WILL BE REMOVED OF THE LLC OWNERSHIP

IRENE XENOS WILL BE ADDED TO THE LLC AND WILL ACT AS AUTHORIZED MEMBER

E. Effective date, if other than the date of filing: 5/22/2024 **(optional)**

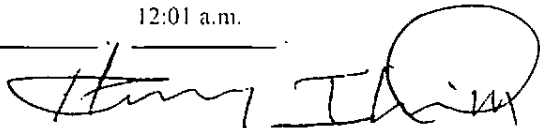
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 5/22/2024

12:01 a.m.



Signature of a member or authorized representative of a member

HANY IBRAHIM

Typed or printed name of signee