LZO 000101406

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

то:	Registration Section Division of Corpo			
ci bu	SARSOUR L	LC	,	
SUBJI	:C1:	Name of Lim	ited Liability Company	
The en	closed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Basil &	Salsov Name of Person	
			Firm/Company	
			Firm/Company	
		811 NW 9	B5 tevi Ap L 2	301
		Plantatio	Sin/Normand 7 in Code	1
		SARSOULL E-mail address: (City/State and Zip Code Code	ication)
For fur	ther information con	scerning this matter, please ca		
	BASIL	SARSOUR	at (<u>954</u>)540 36 Area Code Daytime	79 The bas North a
	Name of I	rerson	Area Code Daytine	e retephone (vunibe)
Enclos	ed is a check for the	following amount:		
f. s 2	5.00 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 Se Division of Co P.O. Box 6327 Tallahassec, FI	rction rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarsour LLC	2.377:11:11:4:27	
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li- Florida document number L20000101406		and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wa	ords "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the</u> is here:	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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 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 1.13 kt 11 Pil 4: 27	Type of Action
MGR	AIMEN SARSOUR	5361 N DIXIE HIGHWAY	≣ Add
		POMPANO BEACH, FL 33064	□Remove
			□Change
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	Fill At 11 Fill 4: 27
<u>.</u> <u>.</u>	
Effective date, if other than the date of fan effective date is listed, the date must be special Note: If the date inserted in this block does document's effective date on the Department	filing:
record specifies a delayed effective date, but is filed.	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
AUGUST 6	2020

Typed or printed name of signee