

L20 000141255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

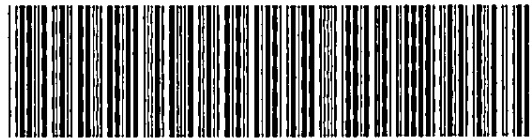
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 28 2020

S. YOUNG

Division of General Services
of the State of Florida
TALLAHASSEE, FL 32310

2020 SEP 21 AM 6:48

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Zaki Mediterranean 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:

Sonia Becerra

Name of Person

Swyft Filings, LLC

Firm/Company

3 Greenway Plaza #1320

Address

Houston, Texas 77046

City/State and Zip Code

filings@swyftfilings.com

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

For further information concerning this matter, please call:

Sonia Becerra

Name of Person

at (877)

Area Code

777-0450

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ZAKI MEDITERRANEAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 SEP 21 AM 6:48
CLERK OF COUNTY COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/26/2020 and assigned

Florida document number L20000141255

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."
1601-1 N Main St #3159.

Enter new principal offices address, if applicable: _____
Jacksonville, FL 32206
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____
1601-1 N Main St #3159,
Jacksonville, FL 32206
(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: _____

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

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>
AMBR	Thaer isleem	1033 NE 14TH ST	<input type="checkbox"/> Add
		OCALA, FL 34470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOHAMMED FARAJ	1601-1 N Main St #3159,	<input type="checkbox"/> Add
		Jacksonville, FL 32206	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	INSHEHAR KADADAH	1601-1 N Main St #3159,	<input type="checkbox"/> Add
		Jacksonville, FL 32206	<input type="checkbox"/> Remove
			<input checked="" 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.)

Change biz category from "Retail" to
"Food service"
"Food service"

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 September 3rd 2020



Signature of a member or authorized representative of a member

Mohammed Faraj

Typed or printed name of signee