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.

(((H20000200910 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 : 120160000100

Phone

: (813)899-9642

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.\*\*

Ÿ

Email Address:\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OTHER PEOPLE'S MONEY INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	015
Estimated Charge	\$25.00

o saturans

JUN 3 0 2020

Electronic Filing Menu

Corporate Filing Menu

Help

H200002009103

## COVER LETTER 4200002009163

TO:		stration Sectionsion of Corpor				•	
		OTHER PEOP	LE'S MONEY INVESTMEN	T\$ LLC			
SUBJE	CT:		Name of Limite	d Liability Company			
The end	closed	Articles of An	nendment and fee(s) are submi	itted for filing.			
Please 1	retum	all correspond	ence concerning this matter to	the following:			
				Name of Person			
			KAYALI & CO., P.A.				
				Firm/Company		•	
			13250 N 56TH ST., STE 10	2			
				Address			
			TAMPA, FL 33617				
				City/State and Zip	Code		
			info@epaosk.com E-mail address: (3	o be used for future a	nnual report notifi	cation)	
For fu	urther	information co	ncerning this matter, please ca	ail:			
		KAYALI, CP		\$13	899-9793		
		Name of	Person	Area Cod	e Daytime	Telephone Number	
Encl	osed i	s a check for th	e following amount:			☐ \$60.00 Filing Fee,	
<b>≡</b> \$	\$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified Co (additional co)	by is enclosed)	Certificate of Stat Certified Copy (additional copy is en	us &
		Visiting Addres		R	reet Address: egistration Se	ction	
	]	Division of C P.O. Box 63: Tallahassee,	Corporations 27	T 2	nivision of Con the Centre of 1 415 N. Monro allahassee, FI	Tallahassee be Street, Suite 810	

TO:

H200002009103

#### ARTICLES OF AMENDMENT TO

H200002009103

# ARTICLES OF ORGANIZATION OF

2020 JULI 29 P.II 2: 58 OTHER PEOPLE'S MONEY INVESTMENTS 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 June 5, 2020 and assigned Florida document number L20000154447 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: 10630 N 56TH ST., # S-204 (Principal office address MUST BE A STREET ADDRESS) TEMPLE TERRACE, FL 33617 10630 N 56TH ST., # S-204 Enter new mailing address, if applicable: TEMPLE TERRACE, FL 33617 (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: 10630 N 56TH ST., # S-204 New Registered Office Address: Enter Florida street address \_\_\_, Florida 33617 Zip Code TEMPLE TERRACE

#### 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

Title	Name	<u>Address</u> 2020 JUII 29	Pii Type of Action 2: 58
ambr	JAMIL SALHAB	2725 VIA CIPRIANI UNIT 734A	□Add
		CLEARWATER, FL 33764	<b>≅</b> Remove
			□ Change
MBR	ME, MYSELF & I, INC.	10630 N 56TH ST., # \$-204	🗏 Add
		TEMPLE TERRACE, FL 33617	□Remove
			Change
MGR	JAMIL SALHAB	10630 N 56TH ST., # S-204	⊒ Add
		TEMPLE, TERRACE, FL 33617	□Remove
			Change
			□Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			Change
			(DAdd
_			□Remove
			☐ Change

H200002009103

	2020 JUII 29 PH 2: 58
	(ontional)
ective date, if other than th	ne date of filing:
a. If the date incerted in IRIS (	DIOCK TOES NOT MOST MA APPARENT
ument's effective date on the I	Department of State's records.
· · · · · · · · · · · · · · · · · · ·	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
cord specifies a delayed effect s filed.	inve date, out not an excess the
ted	2020
·	
- That	Signature of a member or authorized representative of a member
	Organization of the second of

Ð.

Filing Fee: \$25.00