

L20000154484

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : KAYALI & CO., P.A.  
Account Number : I20160000100  
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.\*\*

Email Address: \_\_\_\_\_

2020 JUN 29 PM 1:11

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NO MANS LAND LLC

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H200002009233

COVER LETTER

H200002009233

TO: Registration Section  
Division of Corporations

SUBJECT: NO MANS LAND 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:

Name of Person  
KAYALI & CO., P.A.  
Firm/Company  
13250 N 56TH ST., STE 102  
Address  
TAMPA, FL 33617  
City/State and Zip Code  
info@cpaosk.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSAMA S KAYALI, CPA at (813) 899-9793  
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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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H200002009233

NO MANS LAND 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 L20000154484.

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:

(Principal office address MUST BE A STREET ADDRESS)

10630 N 56TH ST., # S-204

TEMPLE TERRACE, FL 33617

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10630 N 56TH ST., # S-204

TEMPLE TERRACE, FL 33617

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:

10630 N 56TH ST., # S-204

*Enter Florida street address*

TEMPLE TERRACE, Florida 33617

*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

H200002009233

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H200002009233

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAMIL SALHAB	2725 VIA CIPRIANI UNIT 734A	<input type="checkbox"/> Add
		CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ME, MYSELF & I, INC.	10630 N 56TH ST., # S-204	<input checked="" type="checkbox"/> Add
		TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMIL SALHAB	10630 N 56TH ST., # S-204	<input checked="" type="checkbox"/> Add
		TEMPLE, TERRACE, FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H200002009233

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

Multiple horizontal lines for amending information.

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 June 29, 2020

Handwritten signature of Jamil Salhab
Signature of a member or authorized representative of a member

JAMIL SALHAB
Typed or printed name of signee

H 200002009233