L20000202632

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

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eub iraa		OUSE LLC .	-	•	•
SUBJECT	·	Name of Lim	ited Liability Company	•	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please rett	ırn all correspo	ndence concerning this matter	to the following:		
		TAHA ALKUBAISI			
			Name of Person		
		SHISHA HOUSE LLC			
Firm/Company					
5800 TOWN BAY DR UNIT 411					
Address					
		Boca Raton, FL 33486			
			City/State and Zip Co	ide	<u>-</u>
		tthyab@gmail.com	to be used for future ann	ual report natificati	an)
For furthe	r information c	oncerning this matter, please c		uui report notineus.	on,
TAHA AL	KUBAISI		561	990-6075	
	Name o	f Person	Area Code	Daytime Tel	ephone Number
Enclosed i	is a check for th	ne following amount:			
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	C \$55.00 Filing For Certified Copy (additional copy is	,	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Jailing Addres</u> Registration S			t Address: stration Section	n
	Division of C		_	sion of Corpora	
	P.O. Box 632		4	Centre of Talla	
	Tallahassee, I		4		reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2.336

SHISHA HOUSE LLC		2020 UV. 18 211 2
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited 1		07/14/2020 and assigned
lorida document number L20000202632	<u>.</u>	
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name o	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
. If amending the registered agent and/or	registered office address on ou	r records, <u>enter the name of the new register</u>
gent and/or the new registered office addra	ess here:	
Name of New Registered Agent:	TAHA ALKUBAISI	
-	5800 TOWN BAY DR UNIT	411
New Registered Office Address:	Enter 1	lorida street address
	BOCA RATON	, 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 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 2.2005 15 27 4:34 <u>Title</u> Address **Type of Action** Name | 330 NORWOOD TERR N219 MGR ISMAIL ALKABTAN \square Add Boca Raton, FL 33431

		·	□Change
MGR	TAHA ALKUBAISI	5800 TOWN BAY DR UNIT 411	□Add
		Boca Raton FL 33486	□Remove
			■ Change
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			□Remove
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ecti	ive date, if other than	the date of filing	08/20/2020 :	1 (6):		_ (optional)
te:	fective date is listed, the date III the date inserted in th	iis block does not m	icet the applicab				
cum	nent's effective date on t	he Department of S	tate's records.				
		, ,		15.61		e di m	
		ective date, but not	an enective um	r, at 12;01 a.	m, on the earti	er (1) (D) 1	ne sum day after the
	d specifies a delayed eff led.						
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