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(City/State/Zip/Phone #)	06/08/2101014006 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	DITUR-8 PHI2: ALLAHASSELTED
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TO: Registration Section Division of Corporations

11105 E US 92 LLC

SUBJECT:

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:

Osama Haddabah

Name of Person

Firm/Company

2730 lakebreeze lane south

Address

clearwater, FL 33759

City/State and Zip Code

haddab7@aol.com

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

For further information concerning this matter, please call:

Andrew Hoek 813 251-2701 at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 9831DBD5-7CD2-4DF5-84B6-103E9DCAD730 AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11105 E US 92 LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000327579</u> .	were filed on <u>10/15/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address <u>here</u>:

	r Florida street address 👘 🚔 🕉
New Registered Office Address:	
Name of New Registered Agent:	

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.

DocuSign Envelope ID: 9831DBD5-7CD2-4DF5-84B6-103E9DCAD730 In amenuing Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Osama Haddabah	2730 lakebreeze lane south	🗌 Add
		clearwater, FL 33759	■Remove
			□Change
AMBR	Nasser Haddabah	11829 SHIRE WYCLIFFE CT	🗆 Add
		TAMPA, FL 33626	Remove
			Change
MGR	Day Cares of Florida LLC	107 E. Clay Ave	
		Brandon, FL 33510	□Remove
		·····	🗋 Change
			🗆 Add
			CRemove
			□Change
	<u></u>	·	🗆 Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			□Change

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

		·	
			<u>,</u>
-		<u> </u>	
	· · · · ·		
(if an ef <u>Note:</u>	ive date, if other than the date of filing: <u>652.74</u> Tective date is listed, the date must be specific and cannot be prior to date of filing or more If the date inserted in this block does not meet the applicable statutory filing re- ment's effective date on the Department of State's records.		
If the record record is the	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t led.	he earlier of: (b) The	90th day after the

Dated June 5	. 2021	
	Docusigned by:	
<u></u>	Signature of a member or authorized representative of a member	
Osama Haddabah		
	Typed or printed name of signee	

Filing Fee: \$25.00