# L210000710274

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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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HAMADA & SCHI	EIDERMAN,	LLC	
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Ficutious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
	Data	Time	UCC 11 Search
Name	Date	THIE	UCC 11 Retrieval
Walk-In		Up	Courier

## **COVER LETTER**



HAMADA &	& SCHNEIDERMAN, LLC			
SUBJECT:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	<del></del>
The enclosed Articles of A	Amendinent and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	HANY HAMADA			
		Name of Person	1	
	HAMADA & SCHNEIDE	RMAN, LLC		
	<del></del>	Fi⊓ı√Company		<del></del>
	7857 NW 62ND TERRAC	Œ		
		Address	-	<del></del>
	PARKLAND FLORIDA 3	33067		
		City/State and Zip (	Code	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	SHADOWSMITHING@Gi	MAIL.COM to be used for future ar	nual report notificati	on)
For further information co	ncerning this matter, please c		•	,
HANY HAMADA	·	561 at (	633-0270	
Name of	Person	Area Code	Daytime Tel	ephone Number
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	у	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	<u>Stre</u>	et Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAMADA & SCHNEIDERMAN, LLC

(Name of the Lin	nited Liability Comp: (A Florida Limited	iny as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number L2100076274	Liability Company	were filed on 02/15	5/2021	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	<b>:</b> :	
HANY HAMADA, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			92 81 31
Enter new mailing address, if applicable:		N/A		2 .
(Mailing address MAY BE A POST OFFICE BOX)				36
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	address on our reco	ords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	N/A			
New Registered Office Address:	7857 NW 62ND	TERRACE		
		Enter Florida	street address	
	PARKLAND		, Florida <sup>3306</sup>	57
		City	, <u></u>	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>	Address	Type of Action
AMBR	HANY HAMADA	7857 62ND TERRACE	
		PARKLAND FLORIDA 33067	
			\operatorname Change
			□ Remove
			[]Change
			□ Add
			Remove
			□ Change
			Remove
			☐ Change
			□Add
			Remove
			☐ Change
			🗆 Add
			🗀 Remove
			☐ Change

	Registered Agent Address needs to be charged in the charge of the charge
	Registered Agent Address needs to be changed to 7857 NW 62ND TERRACE PARKLAND, FL 33067
<del>.</del>	
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Effective	disks to an in the
(If an effecti	date, if other than the date of filing:
Note: If	ve 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) 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.
ne record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	The 90th day after the
Dated	/27/2021
	O/4
	Signature of a member or authorized representative of a member
	Hany Hamada
	Typed or printed name of signee

Filing Fee: \$25.00