## LZ1000184811

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(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp					
eun ieca	2113 KATH					
SUBJECT	Γ:	Name of Limi	ited Liability Company			
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please rett	am all correspor	ndence concerning this matter	to the following:			
		AZAIEZ MESSELMANI				
		•	Name of Person	····		
			Firm/Company			
		13715 SPRINGER LANE				
	Address					
		TAMPA, FL 33625				
		souheilmesselmani@hotma	City/State and Zip Code il.com to be used for future annual report notil	fication)		
For furthe	r information co	oncerning this matter, please ca		,		
AZAIEZ	MESSELMAN	I	813 298-4143			
-	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	e following amount:				
<b>≡</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration S		Street Address: Registration Sec	ction		
I	Division of C	orporations	Division of Cor	porations		
ŀ	P.O. Box 632	1	The Centre of T	ananassee		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2113 KATHLEEN 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  $\frac{04/21/2021}{1}$ and assigned Florida document number \_\_\_\_\_\_L21000184811 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." AZAIEZ MESSELMANI Enter new principal offices address, if applicable: 13715 SPRINGER LANE (Principal office address MUST BE A STREET ADDRESS) TAMPA FL 33625 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, 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: Enter Florida street address

## 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.

City

, Florida \_\_\_\_\_\_Zip Code

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
MGR	AZAIEZ MESSELMANI	13715 SPRINGER LN	Add
		TAMPA FL 33625	□Remove
			[] Change
MGR	SOUHEIL MESSELMANI	13715 SPRINGER LANE	
		TAMPA FL 33625	<b>≅</b> Remove
		<del> </del>	Change
MGR	MOHAMED MESSELMANI	18102 LATIMER LANE	□Add
		TAMPA FL 33647	<b>≡</b> Remove
			Change
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Tective date, if other (	than the date of fil	4/22/2021 ing:		(optiona	n
in effective date is listed, the ote: If the date inserted	e date must be specific a	and cannot be prior to	date of filing or more ti	han 90 days after filir	o ) Pursuant to 605 026
ocument's effective date	on the Department o	f State's records.	ne statutory filing rec	fairements, tins da	e win not be listed a
ecord specifies a delayed is filed.	d effective date, but n	not an effective tim	e, at 12:01 a.m. on th	e carlier of: (b)	he 90th day after th
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MAY 17th	11	2021			
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Filing Fee: \$25.00