121000252329

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
·	•	·
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dr	ocument Number)	
(50	, cameri, ramber,	
	0 47 4	f Ot-1
Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer.	
		;
		į

Office Use Only



200369559022

07/19/21--01002--005 **100.00

Anunda An

JUL 19 2021 LALBRITTON 2021 JUL 16 AM 9:

,	_
	١.
_	/

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 •

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

			WALKIN
		PICK U	P: <u>7/16 DANNY</u>
	□ xx	CERTIFIED COPY PHOTOCOPY	
		CUS	
	XX	FILING	LLC AMEND
1.		SHAWARMATI ORLAND (CORPORATE NAME AND DOCUMEN	O, LLC
2.		(CORPORATE NAME AND DOCUMEN	TT #)
3.		(CORPORATE NAME AND DOCUMEN	TT #)
4.		(CORPORATE NAME AND DOCUMEN	T #)
5.		(CORPORATE NAME AND DOCUMEN	Τ#)
6.		(CORPORATE NAME AND DOCUMEN	Т#)
	ECIAI TRU	L CTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHAWARMATI ORLANDO, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records. I Liability Company))
The Articles of Organization for this Limited Liability Companies of Organization for this Liability Companies of Organization for the Organization for t	y were filed on 06/01/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)		
		5
		こう こう
Enter new mailing address, if applicable:		<u>, o</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Negistered Office Address.	Enter Florida street address	
	Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.	Lam familiar with and S. Or, if this document is
If Cha	anging Registered Agent, Signature of l	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>	<u>Address</u>	Type of Action
MGR	FADI ABOU ASSI	4474 WESTON ROAD, SUITE 183	
1		DAVIE. FL 33331	□Remove
İ			
MGR	STEVEN ABOU ASSI	4474 WESTON ROAD, SUITE 183	
·		DAVIE, FL 33331	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			□ Remove
			Change
			□ Add
1			□ Remove
			CiChanas

<u> </u>				
	<u> </u>			

				,
	· · · · · · · · · · · · · · · · · · ·			
				
		·		
ective date, if other than the date reflective date is listed, the date must be sp	of filing:		(optional)	
effective date is listed, the date must be sp te: If the date inserted in this block do- ument's effective date on the Departn	ies not meet the applica	to date of filing or more thable statutory filing rec	nan 90 days after (filing.) P puirements, this date wi	ursuant to 605,0207 If not be listed as
cord specifies a delayed effective date s filed.	, but not an effective fir	ne, at 12:01 a.m. on th	ie earlier of: (b) The S	90th day after the
ed	2021			
Signa	ure of a member or autho	rized representative of a	member	
ELIE ABOU ASSI, MANAGI				

Filing Fee: \$25.00