121000508586

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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···	(Document Number)
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Office Use Only

87-3927126

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COVER LETTER

	Registration S Division of Co					
<i>~</i>	MOFTAH	ELFITURI, LLC.	·			
SUBJEC	T:	Name of Limit	ted Liability Company			
		f Amendment and fee(s) are subr				
riease rei	urn an corresp	oondence concerning this matter to SELMA HIDIC	o de following.			
			Name of Person			
		DEBBIE'S ACCOUNTING	SERVICE, INC			
			Firm/Company			
		3575 SOUTHSIDE BLVD				
			Address			
		JACKSONVILLE, FL 322	16			
		SELMAHIDIC@AOL.CON	City/State and Zip Code			
		E-mail address: (t	to be used for future annual report notif	ication)	202 27	
For furth	er information	concerning this matter, please co	ill:		2022 JAN -S STORTH	- F
SELMA	HIDIC		904 733-4547 at ()		77)	. 2023 . 2013 . 4110
	Name	of Person	Area Code Daytime	Telephone Number	MI:19	つ
Enclosed	l is a check for	the following amount:			구성 19	
■ \$25 .6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

Street Address: 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

MOFTAH ELFITURI, 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 I Florida document number 121000508586	Liability Company were filed on	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	· ·	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		r records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	ELFITURI, AMIN M.	<u></u>
New Registered Office Address:	5000 BIG ISLAND DR UNIT	135
	Enter i	Florida street address
	JACKSONVILLE	, Florida ³²²⁴⁶
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ELFITURI, AMIN M.	5000 BIG ISLAND DR UNIT 135	□ Add
		JACKSONVILLE, FL 32246	□Remove
			≘ Change
			□ Add
			□Remove
			□ Change
		****	□Add
			□Remove
			□ Change
			□ Add
			🗀 Remove
			□ Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□ Change

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		() Junty)
Signature 61 member or authorized representative of a member	_	Signature 61 member or authorized representative of a member
	-	AMIN MOFTAH ELFITURI Typed or printed name of signee

Filing Fee: \$25.00