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From:

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Account Number : I20230000115

Phone : (813)773-4973

Fax Number

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SEP - 8 2025

COVER LETTER

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SHRIFCT		URANT GROUP LLC				
SUBJECT	•	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please retur	n all correspo	endence concerning this matter	to the following:			
		FAHIM MALKEYA				
		<u> </u>	Name of Person			
			Firm√Company			
	14947 BRUCE B DOWNS BLVD					
	Address					
		TAMPA, FL 33613				
			City/State and Zip Code			
		INFO@UNIACC.NET				
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	ottheation)		
ГАНІМ М .	ALKEYA		813 5156321 at ()			
	Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 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>M:</u>	ailing Addres	<u>s:</u>	Street Address:	lastion		
	egistration S ivision of C	Section forporations	Registration S Division of C			
P.	O. Box 632	7	The Centre of	Tallahassee		
Ta	illahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2025 SEP -5 PM 1: 49
FALLAHASSET FLORID;

FS RESTAURANT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(10010000000000000000000000000000000000	macinity company,	,
The Articles of Organization for this Limited Liability Company Florida document number L22000061842	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "L	.LC" or the abbreviation "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)	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	Iress
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agi	ree 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 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	FATIMA MANSOUR	1945 NOOR ST	□Add
		WESLEY CHAPLE, FL 33544	≡ Remove
			□Change
GENERA	WAY HAMDAN	14947 BRUCE B DOWNS BLVD	□ Add
		TAMPA, FL 33613	≣ Remove
			Change
			Add TALLAHASSE TO LAdd TALLAHASSE TO LADD
			□ Remove □ Change
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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	e specific and cannot be prior to cook not meet the applicable	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) Pursue ements, this date will no	ant to 605.0207 of be listed as
cord specifies a delayed effective d s filed.	ate, but not an effective time	e, at 12:01 a.m. on the ea	arlier of: (b) The 90th	day after the
CERTEMBER ATU	2025			
ed SEPTEMBER 5TH				
	ya hature of a member or authoriz		- <u>-</u>	

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