

**L22000061842**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H250003190553ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : UNITED ACCOUNTANTS LLC  
Account Number : I20230000115  
Phone : (813)773-4973  
Fax Number : (813)440-4499

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FS RESTAURANT GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

**K. SALY**

**SEP - 8 2025**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FS RESTAURANT GROUP LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FAHIM MALKEYA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

14947 BRUCE B DOWNS BLVD

\_\_\_\_\_  
Address

TAMPA, FL 33613

\_\_\_\_\_  
City/State and Zip Code

INFO@UNIACC.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAHIM MALKEYA

813

5156321

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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

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2025 SEP -5 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	FATIMA MANSOUR	1945 NOOR ST	<input type="checkbox"/> Add
		WESLEY CHAPLE, FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GENERA	WAY HAMDAN	14947 BRUCE B DOWNS BLVD	<input type="checkbox"/> Add
		TAMPA, FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA  
 CLERK OF SUPERIOR COURT

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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6 PM 11:49  
2025 SEP 5  
TALLAHASSEE FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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)(b)

**Note:** If 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 5TH 2025

fahim malkeya  
Signature

Signature of a member or authorized representative of a member

FAHIM MALKEYA

Typed or printed name of signee

**Filing Fee: \$25.00**