

L220000274377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

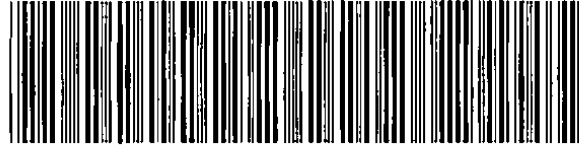
(Document Number)

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2023 JAN - 6 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

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90

90

2023 JAN - 6 PM 2:30

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Hala Farid, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Hala Marie Farid  
Name of Person

Firm/Company

4094 Forsythe Way  
Address

Tallahassee FL 32309  
City/State and Zip Code

haileyf.xr@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hala M. Farid at (850) 445-9199  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2023 JAN -6 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

Hala Farid, LLC

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

Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
document number \_\_\_\_\_.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

Hala Marie Farid, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

4094 Forsythe Way  
Tallahassee FL 32309

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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

[illegible]

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

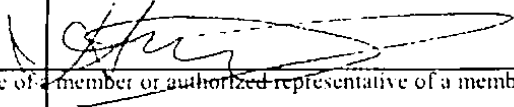
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

ne 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  
ord is filed.

Dated 1/6/2023, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

HALA M. TABET  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00