

L22000382365

(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:

Office Use Only



100399005831

RECEIVED
DEC 21 AM 8:13
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

12/21/22--01005--005 \$60.00

RECEIVED
2022 DEC 21 AM 8:04
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

A. BUTLER

DEC 21 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATLANTIC BEACH HOSPITALITY I 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:

SAMIR DAWOOD

Name of Person

MADISON BUSINESS CENTER

Firm/Company

548 E 11 MILE RD

Address

MADISON HEIGHTS, MI 48071

City/State and Zip Code

SAMIDAWOOD@AOL.COM

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

For further information concerning this matter, please call:

FIRAS BAKOSS

Name of Person

at (586)

Area Code

604-4342

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**

ATLANTIC BEACH HOSPITALITY I LLC

2022 DEC 21 AM 8:13

(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 Liability Company were filed on 08/30/2022 and assigned
Florida document number L22000382365.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2401 MAYPORT RD
ATLANTIC BEACH, FL 32233

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. 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: FIRAS BAKOSS

New Registered Office Address: 2401 MAYPORT RD
Enter Florida street address

ATLANTIC BEACH, Florida 32233
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, 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 | FIRAS BAKOSS | 47733 AGNEW DR | <input checked="" type="checkbox"/> Add |
| | | SHELBY TWP., MI 48315 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ALEX ABOONA | 46955 PINECONE BLVD | <input checked="" type="checkbox"/> Add |
| | | SHELBY TWP., MI 48316 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ISMAIL SHABA | 4909 FLOWER HILL DR | <input checked="" type="checkbox"/> Add |
| | | TROY, MI 48098 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | IBRAHIM KHUBEIR | 2662 ORMOBY DR | <input checked="" type="checkbox"/> Add |
| | | STERLING HEIGHTS, MI 48310 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | SAMIR DAWOOD | 1987 CHRISTENBURY CT | <input checked="" type="checkbox"/> Add |
| | | ROCHESTER HILLS, MI 48306 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | SAINT DAWOOD | 1987 CHRISTENBURY CT | <input type="checkbox"/> Add |
| | | ROCHESTER HILLS, MI 48306 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated DECEMBER 8, 2022

Typed or printed name of signee