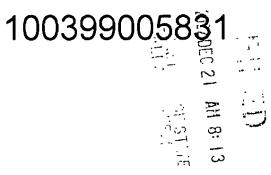
## L22000382365

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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12/21/22--01003--003 ••60.00



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A. BUTLER DEC 2 | 2022

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: ATLANTIC	BEACH HOSPITALITY I LI	LC	
	Name of Limi	ted Liability Company	
	the second factor are subsection	mitted for filing	
	Amendment and fee(s) are sub-		
Please return all correspon	idence concerning this matter	to the following:	
	SAMIR DAWOOD		
		Name of Person	
	MADISON BUSINES	SS CENTER	
		Firm/Company	
	548 E 11 MILE RD		
		Address	
	MADISON HEIGHTS.	MI 48071	·
		City/State and Zip Code	<del></del>
	SAMIDAWOOD@AO	L.COM	
	E-mail address: (	to be used for future annual report not	ification)
For further information co	neerning this matter, please ca	all:	
FIRAS BAKOSS		at ( <u>586</u> ) <u>604-4342</u>	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
	☐ \$30,00 Filing Fee &	☐ \$55.00 Filing Fee &	⊠ \$60.00 Filing Fee,
S25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	s:	Street Address:	
Registration S	Section	Registration Sc	
Division of Co	•	Division of Co The Centre of	•
P.O. Box 632° Tallahassee, F			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIC BEACH HOSPITALITY LLLC

2022 DEC 21 AM 8: 13

(Name of the Limited	Liability Compat Florida Limited L	iv as it <u>now appears</u> jability Company)	on our records.)	JE STATE
The Articles of Organization for this Limited Liab	oility Company	were filed on 08/3	30/2022	SESTATE TELET and assigned
Florida document numberL22000382365	· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company her	<u>'e</u> :	
			simpation of 1.6°° as	the abbraviation "LLC"
The new name must be distinguishable and contain the wor	ds "Limited Liabii:			THE BODIC VILLOUIT ENERGY.
Enter new principal offices address, if applicat	ole:	2401 MAYPC		
(Principal office address MUST BE A STREET ADDRESS)		ATLANTIC L	BEACH, FL 322	233
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	<del> </del>		
		11	ando onton th	a name of the new registers
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a here:	idaress on our re	cords, <u>enter tu</u>	e name of the new registered
agent analysis car new regardence	<del></del>			
Name of New Registered Agent:	FIRAS BAKOSS			
New Registered Office Address:	2401 MAYP	ORT RD		
New Registered Virtee Address.		Enter Flori	da street address	
	ATLANTIC	BEACH	, Flori	ida 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>	Address	Type of Action
MGR	FIRAS BAKOSS	47733 AGNEW DR	<b>=</b> Add
		SHELBY TWP., MI 48315	□Remove
			□Change
AMBR	MBR ALEX ABOONA	46955 PINECONE BLVD	<b>=</b> Add
		SHELBY TWP., MI 48316	□Remove
AMBR	ISMAIL SHABA	4909 FLOWER HILL DR	<b>=</b> Add
		TROY, MI 48098	□Remove
			Change
AMBR	IBRAHIM KHUBEIR	2662 ORMOBY DR	
		STERLING HEIGHTS, MI 48310	□ Remove
AMBR	SAMIR DAWOOD	1987 CHRISTENBURY CT	<b>=</b> Add
		ROCHESTER HILLS, MI 48306	□Remove
			□Change
AMBR	SAINT DAWOOD	1987 CHRISTENBURY CT	□Add
		ROCHESTER HILLS, MI 48306	
			□Change

		<u> </u>			
		<u> </u>			
			<u> </u>		
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this block document's effective date on the D	st be specific and cannot b lock does not meet the	e prior to date of filing applicable statutory	or more than 90 days a	<b>ptional)</b> ifter filing.) Pursuant to 605 this date will not be list	i.0207 ed as
ne record specifies a delayed effective ord is filed.	re date, but not an effec	tive time, at 12:01 (	a.m. on the earlier of	(b) The 90th day afte	r the
Dated DECEMBER 8	2022	<u> </u>	_		
DECEMBER 8	2022		3 Am		/
DECEMBER 8	Signature of a member of	or authorized represen	tative of a member		/

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