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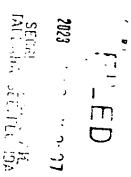
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations				
	S FORT MYERS, LLC				
SUBJECT:	Name of Lin	nited Liability Company	<del></del> -		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Ryan Tables				
	<del></del>	Name of Person	7.	<b>2023</b>	
Tables Law Group, P.A.					
Firm/Company					
3475 Sheridan Street. Ste 301					
		Address		•	
	Hollywood, FL 33021			.: <b>(</b> C ·c	
	<del></del>	City/State and Zip Code			
	tableslawgroup.patty@gm				
r		(to be used for future annual report notificat	ion)		
For further informatio	n concerning this matter, please	2311;			
Patricia Martinez		305 510-6870 at ()			
Nam	e of Person	Area Code Daytime Te	lephone Number	_	
Enclosed is a check fo	or the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy i	Status & /	
<u>Mailing Add</u> Registratio		Street Address: Registration Section	n		
Division of	f Corporations	Division of Corpor	ations		
P.O. Box 6	5327	The Centre of Talls	ahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) ty Company)	<del></del>
filed on December 6, 2022	and assigned
company here:	
impany," the designation "LLC" or the abb	reviation "L.L.C."
A	202
<u> </u>	<u> </u>
Ev.	
	- <del>;</del>
ess on our records, <u>enter the name</u>	of the new regi
Enter Florida street address	
Lines 1:10/100 Street dadress	
, Florida	Zip Code
	ess on our records, enter the name

#### 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 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
AMBR	Yaser Abdel Qader	13743 NW 18TH CT	□Ađd
		PEMBROKE PINES, FL 33028	<b>≡</b> Remove
MGR	Mazen Abdul Qader	11590 PLANTATION PRESERVE	□Add
		FORT MYERS. FL 33966 UN	<b>=</b> Remove
			□Change
MGR	Samer Halum	13743 NW 18TH COURT	□ Add
		Pembroke Pines. FL 33028	<b>≡</b> Remove
			□ Change
MGR	Basil Sarsour	811 NW 85TH TERRACE	□Add
		PLANTATION, FL 33324	= Remove
			□Change
MGR	Hotbins LLC	13743 NW 18TH CT	<b>=</b> Add
		Pembroke Pines, FL 33028	Remove
			DChange
		S. C.	

D. If amending any other inform	iation, enter cha	nge(s) here: (A	ttach additional s	sheets, if necess	ary.)		
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and ca block does not me	annot be prior to dat et the applicable :		an 90 days after fil	ing.) Pursua		
f the record specifies a delayed effect ecord is filed.	tive date, but not a	n effective time, a	t 12:01 a.m. on the	e earlier of: (b)	The 90th o	iay afte	er the
January 16 Dated		2023			SE	2023	
Dattu	·						
	Signature of a me	mber or authorized	representative of a r	nember	<i>r</i> ,	<del></del>	1 ~
	<del>-</del>		•		$\xi^{n_{1}}$		1

Filing Fee: \$25.00

Typed or printed name of signee