

## L23000007307

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bo	usiness Entity Name)	
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## **COVER LETTER**

TO:

Registration Section

on of Cor	porations		
IABIBI K	ISSIMMEE LLC		
	Name of Lim	ited Liability Company	
articles of	Amendment and fee(s) are sub	mitted for filing.	
ll correspo	ndence concerning this matter	to the following:	
	MIGUEL BERNAL		
		Name of Person	
	HABIBI KISSIMMEE LL	С	
		Firm/Company	
	6917 NARCOOSSEE RD	STE 728	
		Address	
	ORLANDO / FLORIDA -	32822	
		City/State and Zip Code	
	<del>=</del> =	to be used for future annual report in	otification)
ormation c		·	
RNAL		407 456-1063	
Name o	f Person	Area Code Dayt	ime Telephone Number
heck for th	ne following amount:		
ing 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)
		Street Address: Registration S	Section
sion of C	Corporations	Division of C	orporations
			Tallahassee roe Street, Suite 810
	ormation control of the corresponding Address Stration Scion of Control of Co	Articles of Amendment and fee(s) are sub- il correspondence concerning this matter  MIGUEL BERNAL  HABIBI KISSIMMEE LL  6917 NARCOOSSEE RD  ORLANDO / FLORIDA -  pescaofood@gmail.com  E-mail address: ( cormation concerning this matter, please concerning this matter)  RNAL  Name of Person  heck for the following amount:  ing Fee \$30.00 Filing Fee &	Ame of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  It correspondence concerning this matter to the following:  MIGUEL BERNAL  Name of Person  HABIBI KISSIMMEE LLC  Firm/Company  6917 NARCOOSSEE RD STE 728  Address  ORLANDO / FLORIDA - 32822  City/State and Zip Code  pescaofood@gmail.com  E-mail address: (to be used for future annual report in the companies of the following amount:  RNAL  Name of Person  Area Code  Days  theck for the following amount:  Ing Fee  \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Street Address:  Street Address:  Stration Section  Gion of Corporations  Division of Corporations  Box 6327  The Centre of

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited	d Liability Comp A Florida Limited	nny as it now appears on our records.) Liability Company)	<del></del>		
The Articles of Organization for this Limited Lia Florida document number  L23000007307	bility Company	were filed on 01/03/23	and assigned		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and contain the wo	rds "Limited Linki	ility Company "the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applica		2974 AQUA VIRGO LOOP	the addreviation 12.13.c.		
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO FL 32837			
			20/2 54 CO		
Enter new mailing address, if applicable:		2974 AQUA VIRGO LOOP	SEP 2		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	ORLANDO FL 32837			
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, <u>enter the</u>	name of themew register		
Name of New Registered Agent:	MIGUEL BER	NAL			
Naw Pagistered Office Address	. 2974 AQUA VIRGO LOOP				

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

ORLANDO

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 32837
Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	ERWIN VARGAS	6917 NARCOOSSEE RD SUITE 728	□ Add
		ORLANDO FLORIDA 32822	■Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
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Effective date, if other is listensies of the list in the late in	ed, the date must be erted in this block	specific and does not m	cannot be prior teet the applica	to date of filing of the statutory f	r more than 90 da iling requiremen	(optiona ys after fili its, this da	ng.) Pursua	unt to 605	5,0207 ed as t
e record specifies a de ord is filed.	clayed effective da	ite, but not	an effective tir	me, at 12:01 a.	m. on the earlie	r of: (b)	The 90th	day afte	r the
Dated		<u>, ,                                  </u>	2023						
		$V \cup V$	/						
	Sier	nature of a n	nember or autho	rized representa	tive of a member				

Filing Fee: \$25.00