



# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shawarma King, 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:

Karim Ahmed  
Name of Person

Shawarma King, LLC  
Firm/Company

4210 Commercial Way  
Address

Spring Hill, FL 34606  
City/State and Zip Code

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

For further information concerning this matter, please call:

Karim Ahmed at ( 646 ) 280-9325  
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**

Shawarma King, LLC

(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 01/18/2023 and assigned Florida document number L23000032945

This amendment is submitted to amend the following:

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

N/A Keeping same name Shawarma King, LLC

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)**

4708 E Busch Blvd  
Tampa, FL  
33617

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

4708 E Busch Blvd  
Tampa, FL  
33617

**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:

Ebraheem M Essa

New Registered Office Address:

4708 E Busch Blvd,  
Enter Florida street address

Tampa, Florida

FILED  
2023 JAN -6 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

33617  
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.*

Ebraheem Essa

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	Essa, Ebraheem M	4708 E Busch Blvd	<input checked="" type="checkbox"/> Add
	Essa, Ebraheem M	Tampa FL 33617	<input type="checkbox"/> Remove
	→ Ebraheem <sup>M</sup> <u>Essa</u> <sub>First Middle Last</sub>		<input type="checkbox"/> Change
MGR	Morssi, Ihab	4708 E Busch Blvd	<input checked="" type="checkbox"/> Add
	→ Ihab <u>Morssi</u> <sub>First Last</sub>	Tampa FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ahmed, Karim	4708 E Busch Blvd	<input type="checkbox"/> Add
		Tampa FL 33617	<input type="checkbox"/> Remove
			<u>Remove</u>
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

↓ ① changing address to  
4708 E Busch Blvd, Tampa FL 33617

↓ ② changing mailing address to  
4708 E Busch Blvd, Tampa FL 33617

↓ ③ Add Essa, Ebraheem M  
Remove Ahmed, Karim  
Keep Morssi, Ihab

↓ ④ EIN Number: 93-1591281  
(New)

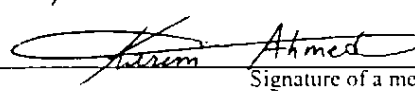
E. Effective date, if other than the date of filing: 05/27/2023 (optional)

(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.

If the 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 record is filed.

Dated May 27<sup>th</sup> 2023

 / IHAB  
Signature of a member or authorized representative of a member

Karim Ahmed / IHAB MORSSI  
Typed or printed name of signee

2023 JUN -6 PM 5:18  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

FILED