

L23200005853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

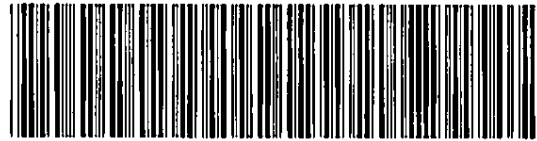
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500411204815

RECEIVED

2023 JUL 26 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 JUL 26 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FL

R. HUNT

07/26/23

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: 120210000160: \$25.00

Authorization Signature: *[Signature]* :

SALCAL CONSTRUCTION LLC L23000065533

BUSINESS NAME _____ DOCUMENT # _____

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ **Limited Liability**

☐ Domestication

☐ Other

☐ CORP

☐ LLLP

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended and restated Articles

☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE

☐ Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Qualification for LLP

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

FILED
2007 JUN 26 PM 3:29
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALCAL CONSTRUCTION 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:

Salah Bazzi

Name of Person

Abu Samra Investment

Firm/Company

26682 Wilson Dr.

Address

Dearborn Heights, MI 48127

City/State and Zip Code

bazziss@umich.edu

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

FILED
2009 JUN 26 PM 3:29
TALLAHASSEE, FL
DIVISION OF STATE

For further information concerning this matter, please call:

Salah Bazzi

313 236-9521
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SALCAI Construction 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 02/06/2023 and assigned
Florida document number 1.23000065533.

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)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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	Samir Bazzi		<input type="checkbox"/> Add
		26682 Wilson Dr. Dearborn Heights, MI 48127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Salah Bazzi	26682 Wilson Dr. Dearborn Heights, MI 48127	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2003 JUN 25 PM 3:29
B&W COPY OF STYLE
CATALANSCHE.F.

RECEIVED
2003 JUN 26 PM 3:29
HAY OFFSHORE
TALLAHASSEE, FL

(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)

Dated 07/24/2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Salah Bazzi

Typed or printed name of signee

Filing Fee: \$25.00