L23000116142

(Requestor's Name)
(Address)
(Address)
(Madress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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18/18/24--01009--004 **60.00



COVER LETTER

Registration Section Division of Corporations

TO:

CUDICZT.		Food LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hassan Elhewan		
		Name of Person	
	Arabia Food LLC		
		Firm/Company	
	7640 N Wickham Rd, Suit	e 105	
		Address	
	Melbourne, FL 32940		
		City/State and Zip Code	
	arabesqueflavors@gmail.co		
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
Hassan Elhewan		321 446-2804	
Name o	f Person	at () Area Code Daytim	Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Co	rporations Fallahassee
Tallahassee.	rt. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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were filed on03/06/2023	and assigned
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ity Company," the designation "LLC" or the	abbreviation "L.L.C."
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Melbourne, FL 32940	<u> </u>
7640 N Wickham Rd, Suite 105	
Melbourne, FL 32940	· · · · · · · · · · · · · · · · · · ·
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ddress on our records, enter the na	ime of the new registered
Entire Florida strent address	
isuer i tortua sireer adaress	
Florida	Ziv Code
	ility company here: ity Company," the designation "LLC" or the 7640 N Wickham Rd, Suite 105 Melbourne, FL 32940 Fiter Florida street address Enter Florida street address

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>	'Name	Address	Type of Action
AMBR	MOUSTAFA ALI	321 TUSCANY WAY	
		BLDG 5, APT 209	■Remove
		MELBOURNE 32940 EG	□Change
			□Add
			Петоve
			□Add
			Remove
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		10/12/202	2.1		
Effective	date, if other than the da	te of filing:		(optional)	0.5 0.20.7 (3
(II an effecti Note: If	ive date is listed, the date must be the date inserted in this block	specific and cannot be prior to did does not meet the applicable	late of filing or more than 9 e statutory filing require	0 days after filing.) Pursuant to t ments, this date will not be I	isted as th
	t's effective date on the Depa		·		
he record s	specifies a delayed effective da	ate, but not an effective time	, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fter the
ord is filed			• • • • • • • • • • • • • • • • • • • •		
Dated	October 14	2024			
174164		<u> </u>			
			5		
	Sig	wature of a member or authorize	ed representative of a men	iber	
	·				
	Hassan Elhewan				
		Typed or printed n	iame of signee		

COVER LETTER

Division of Corpo	orations			
SUBJECT:		Food LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Hassan Elhewan			
		Name of Person	,,,	
	Arabia Food LLC			
		Firm/Company		
	7640 N Wickham Rd, Suit	e 105		
	· .	Address		.
	Melbourne, FL 32940			
		City/State and Zip Code		
	arabesqueflavors@gmail.co	om to be used for future annual	ranget notification	
For further information con	ocerning this matter, please co		report nonneanon)	
	icerning this matter, please ca			
Hassan Elhewan		321 44 at ()	6-2804	
Name of F	'erson	Area Code	Daytime Teleph	one 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 enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address:		Street Ac	ldress:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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	10 S
Arabia Food LL	C C
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	RGANIZATION C Y as it now appears on our records.) ability Company)
he Articles of Organization for this Limited Liability Company v	were filed on and assigned
lorida document numberL23000116142	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabil	ity company here:
mane of the name had	ny company nere.
ne new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	7640 N Wickham Rd, Suite 105
	Melbourne, FL 32940
nter new mailing address, if applicable:	7640 N Wickham Rd, Suite 105
Mailing address MAY BE A POST OFFICE BOX)	Melbourne, FL 32940

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.

City

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
AMBR	MOUSTAFA ALI	321 TUSCANY WAY	□ Add
		BLDG 5, APT 209	≣Remove
		MELBOURNE 32940 EG	Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□ Add
			□Remove
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			□Remove

_____ □Change

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