

L23000250291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

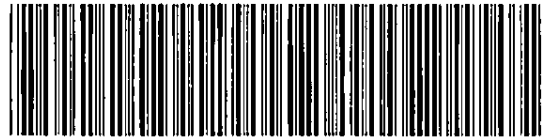
Special Instructions to Filing Officer:

J DENNIS

OCT - 4 2023

Amend

Office Use Only



200414824392

09/05/23--01023--010 **60.00

FILED
2023 SEP -5 PM 12:01
CLERK OF SUPERIOR COURT
JANUARY 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Shell Contractors 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:

Magdy Halaka

Name of Person

Tampa Shell Contractors LLC

Firm/Company

11844 Crestridge Loop

Address

New Port Richy, 4655FL 3

City/State and Zip Code

Magdy.William@Hotmail.Com

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

For further information concerning this matter, please call:

Magdy Halaka

Name of Person

at (561)

Area Code

603-0284

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

FILED
2023 SEP -5 PM 12:01
SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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

Add new_Partener_to_the_LLC,now total_partner_are 3._____

F. Effective date, if other than the date of filing: _____ (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 08/11/2023 Aug 12, 2023

Magda Salazar (Aug 22 2013 15:00 EDT)

Signature of a member or authorized representative of a member

Magdy Halaka

Typed or printed name of signee

Filing Fee: \$25.00