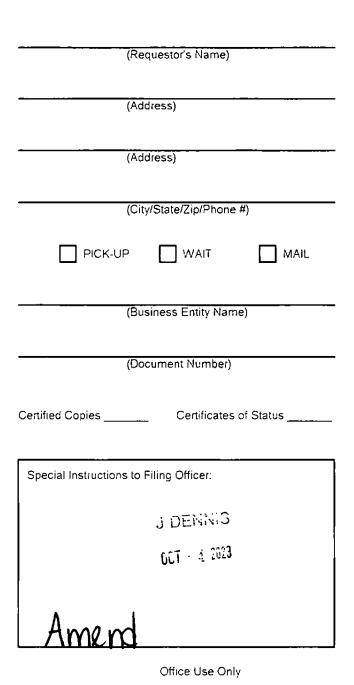
## L23000250291





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

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Divi	sion of Cor	porations		
SUBJECT:	Tampa	Shell Contractors LLC		·
	<u> </u>		ited Limbility Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Magdy Halaka		
			Name of Person	
		Tampa Shell Contract	Name of Limited Liability Company  and fee(s) are submitted for filing.  Ining this matter to the following:  Halaka  Name of Person  Shell Contractors LLC  Firm/Company  restridge Loop  Address  Int Richy, 4655FL 3  City/State and Zip Code  19	
		11844 Crestridge Loo	р	
			Address	
		New Port Richy, 465	55FL 3	
		Magdy.will		A
For turther in	formation c	oncerning this matter, please ca		in and in a second
Magdy Hal	aka		at ( 561 ) 603-028	4
	Name o	l Person		ie Telephone Number
Enclosed is a	check for th	ne following amount:		
TI \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	ling Addres istration S		<u>Street Address:</u> Registration Se	ection
		orporations	Division of Cor	rporations
	. Box 632		The Centre of '	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Master State of

Tampa Shell Contractors 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 U5/22/2023 and assigned
Florida document number L23000250291	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	hility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	N/A
New Registered Office Address:	A/A Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	:

New Registered Agent's Signature, it 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	Ashraf Ramis	24015 Copper Hill Drive #8202 Valencia, CA 91354	<b>'X</b> 'Add
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			] Change
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			□Remove
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			TRemove
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an effective date [ote:   If the dat		nust be specific a block does not	ind cannot be pri t meet the appl	ior to date of filin licable statutory	g or more than 90	(optional) days after filing.) Putents, this date will	
record specific is filed.	a delayed effec	tive date, but no	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) The 90	Oth day after the
ated 08/11/	2023		Aug 12, 2	2023			
ated							
ated		44.					

Filing Fee: \$25.00