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## **COVER LETTER**

TO:

Registration Section

Divi	sion of Co	rporations				
SUBJECT.	Tampa Sh	ell Contractors LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are suf	omitted for filing.			
Please return a	all corresp	ondence concerning this matter	to the following:			
		Magdy Halaka				
			Name of Person			
		Tampa Shell Contractors	LLC			
			Firm Company			
		11844 Crestridge Loop				
			Address			
		New Port Richy, FL 3465	5			
			City. State and Zip Code			
		Magdy.william@hotmail.c E-mail address: (	on) to be used for future annual report no	otification)		
For further inf	ormation c	oncerning this matter, please c	•			
Magdy Halaki	u		561 6030284			
Name of Person		r Person	at () Atea Code Dayti	me Telephone Number		
Enclosed is a c	heck for t	ne following amount:				
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	ng Addres		<u>Street Address:</u> Registration S	ection		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 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 05/22/2023 and assigned Florida document number 1.23000250291 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 "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 aud/or the new registered office address here:  $\omega$ N/A Name of New Registered Agent: N. A New Registered Office 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>	<u>Name</u>	Address	Type of Action
AMBR	Ashraf Ramis	24015 Copper Hill Drive #8202 Valencia, CA 91354	I □Add
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Effective date, if other than the of an effective date is listed, the date must	late of filir	10/01/20 ig:	12.5	<del></del>	(optional)		<del>.</del>
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document's effective date on the Dep	partment of	State's recor	ds.	-			
record specifies a delayed effective d is filed.	date, but no	ot an effective	e time, at 12:	01 a.m. on the	earlier of: (b) T	he 90th day after i	the
Dated		2023					
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