

## \_23 000 271 928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Salah hna Name of Lin	ited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	$\omega_q$	leah Salah	
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	4196	Address  - WAH A City/State and Zip Code  Lah D G Mail. Cto be used for future annual report notice.	Suk B
	Lake	- WAG A S	33461
	Salah. Wal	City/State and Zip Code  1 Cod	D M
For further information c	oncerning this matter, please c	all:	
Warran S Name o	alah r Person	at ( <u>8 15</u> ) <u>6 00 –</u> Area Code Daytim	4044 ne 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 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

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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

Title	Name	Address	Type of Action
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	he date must be specific I in this block does n	and cannot be prior to date of filing of meet the applicable statutory	gor more tha	(optional) n 90 days after filing.) Pursuant to 60 irements, this date will not be lis	
cord specifies a delayer filed.	ed effective date, but	not an effective time, at 12:01	a.m. on the	earlier of: (b) The 90th day aft	er the
ed Novem	ber 8th	2024			
K	Signature o	L of a member or dethorized represen	tative of a m	omber	
	wa				

Filing Fee: \$25.00