123000385812

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Y. SCOTT OCT 1 5 2023

COVER LETTER

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	FELFEL O	OUD LLC				•.
SUBJECT: _	- , -	Name of Lim	nited Liability Company			
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return a	ll correspo	ondence concerning this matter	to the following:			
		SHADY BON				
			Name of Person			
		FELFEL OUD LLC			•	
			Firm/Company		22	9
		8491 PIPPEN DR			2023 OCT	SECR
			Address			957
		ORLANDO, FL 32836			-3 PH	14860 14860 148401
			City/State and Zip Code		ယ္	STA
		SHADYBONSHOP@GM/			$\frac{1}{\omega}$	101
Dan Book on the			to be used for future annual report no	tification)		.,,
ror turtner into	ormanon c	oncerning this matter, please c	211;			
SHADY BON			407 449-0283 at ()			
	Name o	f Person		me Telephone Number		
Enclosed is a c	heck for th	ne following amount:				
■ \$25.00 Fil	ing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified C (additional c	of Statu Copy	
•	ng Addres		Street Address:			
_	stration S		Registration S			
	Box 632	orporations 7	Division of Co The Centre of	•		
		FL 32314		oe Street, Suite 81	0	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FELFEL OUD LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000385812	were filed on AUGUST 14, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
OUDLASH LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8491 PIPPEN DR	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32836	2028
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CHETARY OF STATE OF CORPORATIONS
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida street address	
	, Florie	da
	City , FIOTO	Zip Code
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 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>	<u>Address</u>	Type of Action
AMBR	MAZEN BON	8491 PIPPEN DR	
		ORLANDO, FL 32836	■Remove
AMBR RA	RASHA HASSAN	8491 PIPPEN DR	
		ORLANDO, FL 32836	■Remove
			Change
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ective date, if other than the date effective date is listed, the date must be at the date inserted in this blockment's effective date on the Department.	e specific and cannot be prior x does not meet the applic	to date of filing or more able statutory filing re		ig.) Pursuant to 605.0207 (
ord specifies a delayed effective d filed.	ate, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
d SEPTEMBER 29	2023			
	gnature of a member or author			

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