

L23000385812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

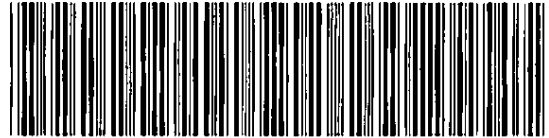
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2023 OCT -3 PM 3:13

Y. SCOTT

OCT 15 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FELFEL OUD 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:

SHADY BON

Name of Person

FELFEL OUD LLC

Firm/Company

8491 PIPPEN DR

Address

ORLANDO, FL 32836

City/State and Zip Code

SHADYBONSHOP@GMAIL.COM

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

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For further information concerning this matter, please call:

SHADY BON

407

449-0283

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FELFEL OUD LLC

**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>	<u>Type of Action</u>
AMBR	MAZEN BON	8491 PIPPEN DR	<input type="checkbox"/> Add
		ORLANDO, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RASHA HASSAN	8491 PIPPEN DR	<input type="checkbox"/> Add
		ORLANDO, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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 SEPTEMBER 29, 2023

Ben

Signature of a member or authorized representative of a member

SILADY BON

Typed or printed name of signee

**Filing Fee: \$25.00**